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ILLINOIS REGISTER

Rules and Regulations of Governmental Agencies

VOLUME NUMBER ONE

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RULES SECTION

ISSUE NUMBER TWENTY-SEVEN

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WEEKLY PUBLICATION

ISSUE DATE - DECEMBER 30, 1977

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NOTICE

AS OF THIS DATE THE ILLINOIS REGISTER, PUBLISHED PURSUANT TO THE ILLINOIS ADMINISTRATIVE PROCEDURE ACT, IS APPLICABLE ONLY TO THE FOLLOWING STATUTES AND DEPARTMENTS IN PART.

EFFECTIVE JANUARY 1, 1978 THE ACT WILL APPLY TO ALL STATE AGENCIES.

Department on Aging

1. Illinois Act on the Aging
(Chapter 23, Paragraph 6105.02)

Capital Development Board

1. Capital Development Board Act
(Chapter 127, Paragraph 783a)

Department of Children and Family Services

1. Act creating the Department of Children and Family Services
(Chapter 23, Paragraph 5004)

Dangerous Drug Commission

1. "Dangerous Drug Abuse Act"
(Chapter 91½, Paragraph 120.13)

Commission on Delinquency Prevention

1. Illinois Commission on Delinquency Prevention Act
(Chapter 23, Paragraph 2710)

State Board of Education

1. School Code
(Chapter 122, Paragraph 1A-7)

Board of Higher Education

1. An act in relation to the Board of Higher Education
(Chapter 144, Paragraph 193)

Department of Financial Institutions

1. Community currency exchanges
(Chapter 16½, Paragraph 49.3)

Department of Insurance

1. Illinois Insurance Code
(Chapter 73, Paragraph 1019.1)

Liquor Control Commission

1. An act relating to alcoholic liquors
(Chapter 43, Paragraph 108a)

Department of Mental Health

1. Mental Health Code of 1967
(Chapter 91½, Paragraph 12-10)
2. An Act codifying the powers and duties of the Department of Mental Health and Developmental Disabilities
(Chapter 91½, Paragraph 100-5)
3. Mentally deficient persons
(Chapter 91½, Paragraph 213)
4. Community Mental Health Act
(Chapter 91½, Paragraph 308.1)
5. Alcoholism and Intoxication Treatment Act
(Chapter 91½, Paragraph 510.01)
6. Specialized Living Centers Act
(Chapter 91½, Paragraph 603.06)

Department of Public Aid

1. Illinois Public Aid Code
(Chapter 23, Paragraph 12-13)

Department of Public Health

1. An act in relation to Public Health
(Chapter 111½, Paragraph 22)
2. Prophylactic medicines to indigent rheumatic fever patients
(Chapter 111½, Paragraph 22.2)
3. Prevention of certain communicable diseases
(Chapter 111½, Paragraph 22.13)
4. Chronic renal diseases
(Chapter 111½, Paragraph 22.33.01)
5. Anti-polio vaccine
(Chapter 111½, Paragraph 22b)
6. Nursing homes, sheltered care homes and homes for the aged
(Chapter 111½, Paragraph 35.16b)
7. Vital Records Act
(Chapter 111½, Paragraph 73-3.1)
8. Registration of marriages, divorces and annulments
(Chapter 111½, Paragraph 73-53.1)
9. Hospitals to render hospital emergency service
(Chapter 111½, Paragraph 86.6)
10. Illinois Plumbing License Law
(Chapter 111½, Paragraph 116.62)

11. Illinois Water Well Construction Code
(Chapter 111½, Paragraph 116.118)

12. Illinois Water Well Pump Installation Code
(Chapter 111½, Paragraph 116.159)

13. Private Sewage Disposal Licensing Act
(Chapter 111½, Paragraph 116.324)

14. Control and supervision over public water supplies
(Chapter 111½, Paragraph 121b1)

15. Impounding Dispositions of stray animals
(Chapter 111½, Paragraph 133.1)

16. Hospital Licensing Act
(Chapter 111½, Paragraph 147.2)

17. Ambulatory Surgical Treatment Center Act
(Chapter 111½, Paragraph 157-8.10a)

18. Illinois Migrant Labor Camp Law
(Chapter 111½, Paragraph 185.13B)

19. Radiation Protection Act
(Chapter 111½, Paragraph 218.15)

20. Personal radiation monitoring service
(Chapter 111½, Paragraph 230.14)

21. Uniform Hazardous Substances Act
(Chapter 111½, Paragraph 253b)

22. Illinois Poison Prevention Packaging Act
(Chapter 111½, Paragraph 297)

23. Youth Camp Act
(Chapter 111½, Paragraph 549.21a)

24. Illinois Blood Bank Act
(Chapter 111½, Paragraph 608-108)

25. Blood Labeling Act
(Chapter 111½, Paragraph 620-10)

26. Illinois Clinical Laboratory Act
(Chapter 111½, Paragraph 628-108)

27. Registration of laser systems
(Chapter 111½, Paragraph 709)

28. Mobile Home and Mobile Home Park Act
(Chapter 111½, Paragraph 732.1)

29. Recreational Area Licensing Act
(Chapter 111½, Paragraph 786.1)

30. Regulation of mass gatherings
(Chapter 111½, Paragraph 911.1)

31. Lead Poisoning Prevention Act
(Chapter 111½, Paragraph 1313.1)

32. Prevention of Developmental Disabilities
(Chapter 111½, Paragraph 2113)

33. Swimming Pool and Bathing Beach Act
(Chapter 111½, Paragraph 1224.1)

34. Structural Pest Control Act
(Chapter 111½, Paragraph 2223.1)

35. Bulk Milk Tank Operators Licensing Act
(Chapter 111½, Paragraph 239.04-4)

36. Illinois Food Drug and Cosmetic Act
(Chapter 111½, Paragraph 522.1)

37. Prevent the preparation, manufacture, packing storing or distribution of food intended for sale, or the sale of food under insanitary, unhealthful or unclean conditions
(Chapter 56½, Paragraph 77.1)

38. Distribution of pasteurized milk and pasteurized milk products
(Chapter 56½, Paragraph 130.1)

39. Grade A Milk and Grade A Milk Products
(Chapter 56½, Paragraph 217.1)

40. Family Practice Residency Act
(Chapter 111½, Paragraph)

41. Program for the care of persons suffering from hemophilia
(Chapter 111½, Paragraph)

42. Structural Pest Control Act
(Chapter 111½, Paragraph 2225)

43. High Blood Pressure Control Act
(Chapter 111½, Paragraph)

44. Health Facilities Planning Act
(Chapter 111½, Paragraph 1168)

45. Home Health Agency Licensing Act
(Chapter 111½, Paragraph)

Department of Registration and Education

1. Real Estate Brokers and Salesmen License Act

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(Chapter 114½, Paragraph 117.1)

2. Land Surveyors Act
(Chapter 133, Paragraph 36.1)

3. Business of Horseshoeing
(Chapter 66, Paragraph 14b)

4. Detection of deception examiners
(Chapter 38, Paragraph 202-7.1)

5. Detectives and Detective Agencies
(Chapter 38, Paragraph 201-4b)

6. Dental surgery and dentistry
(Chapter 91, Paragraph 57b)

7. Certified Shorthand Reporters Act
(Chapter 37, Paragraph 757.5)

8. Collection Agency Act
(Chapter 121½, Paragraph 809.22)

9. Beauty Culture Act
(Chapter 16-3/4, Paragraph 18b)

10. Barber Law
(Chapter 16-3/4, Paragraph 14.40a)

11. Athletic Exhibition Registration Act
(Chapter 10 4/5, Paragraph 108.1)

12. Pharmacy Practice Act
(Chapter 91, Paragraph 55.3-1)

13. Optometric Practice Act
(Chapter 91, Paragraph 105.6-1)

14. Nursing Act
(Chapter 91, Paragraph 35.36a)

15. Medical Practice Act
(Chapter 92, Paragraph 1a)

16. Nursing Home Administrator's Licensing Act
(Chapter 111½, Paragraph 35.133)

17. Physical Therapy Registration Act
(Chapter 91, Paragraph 22.3-1)

18. Physician's Assistants Practice Act
(Chapter 91, Paragraph 212.1)

19. Practice of Podiatry
(Chapter 91, Paragraph 73b)

20. Professional Engineering Act
(Chapter 48½, Paragraph 37.1)

21. Medical Corporation Act
(Chapter 32, Paragraph 648)

22. Professional Service Corporation Act
(Chapter 32, Paragraph 415-18)

23. Psychologist Registration Act
(Chapter 91½, Paragraph 408.1)

24. Sanitarian Registration Act
(Chapter 111½, Paragraph 574)

25. Public Accounting
(Chapter 110½, Paragraph 26.1)

26. Social Workers Registration Act
(Chapter 23, Paragraph 5302.1)

27. Real Estate Brokers and Salesmen License Act
(Chapter 114½, Paragraph 125)

28. Structural Engineering Act
(Chapter 131½, Paragraph 3b)

29. Tree experts
(Chapter 5, Paragraph 125)

30. Veterinary Medicine and Surgery Practice Act
(Chapter 91, Paragraph 124.27)

31. Weather Modification Control Act
(Chapter 146 3/4, Paragraph 33)

32. Funeral directing and embalming
(Chapter 111½, Paragraph 73.21a)

33. Architectural Act
(Chapter 10½, Paragraph 4b)

34. Controlled Substances Act
(Chapter 56½, Paragraph 1501.1)

Savings and Loan Commission

1. Regulation of mortgage bankers
(Chapter 16½, Paragraph)

Board of Vocational Rehabilitation

1. Vocational Rehabilitation of Disabled Persons
(Chapter 23, Paragraph 3434a)

NOTICE BY THE DANGEROUS DRUGS COMMISSION OF
THE STATE OF ILLINOIS OF THE ADOPTION TO THE
AMENDMENTS TO RULES AND REGULATIONS FOR DRUG
ABUSE PROGRAMS

NOTICE

PLEASE TAKE NOTICE THAT on October 18, 1977 pursuant to Section 13 of The Dangerous Drug Abuse Act (Illinois Revised Statutes Chapter 91½; Section 120.13; and Section 5 of the Illinois Administrative Procedure Act (Illinois Revised Statutes Chapter 127; Section 1005, the Dangerous Drugs Commission of the State of Illinois formulated, issued and adopted Amendments to Article VIII - Funding, of the Rules and Regulations for Drug Abuse Programs. Said Rules were filed with the Secretary of State contemporaneous with this Notice, and pursuant to Section 6(c) of the Illinois Administrative Procedure Act (Illinois Revised Statutes, Chapter 127, Section 1006(c), will become effective ten (10) days after filing.

Notice of the proposed adoption of these Rules was published in the Illinois Register on September 23, 1977. In accord with that notice, the Dangerous Drugs Commission conducted full and open public hearings on the proposed Rules on September 29, 1977, in the Territorial 3 Room, Sheraton Hotel, Springfield, Illinois, and received all written submissions filed by interested parties pursuant to the notice. Before formulating, issuing and adopting said Rules, the Dangerous Drugs Commission thoroughly considered all views, comments, arguments and data either offered orally under oath at the public hearing on September 29, 1977, or submitted in writing by interested parties pursuant to the notice in the Illinois Register on September 23, 1977. The full text of said Rules is set forth hereafter.

SECTION 82 GRANTS AND PROCEDURES

Rule 82.01 Declaration and Purpose

The Illinois Dangerous Drugs Commission, pursuant to the authority and responsibility conferred by the Federal Drug Abuse Office and Treatment Act of 1972, P.L. 92-255 as amended, and the Illinois Dangerous Drug Abuse Act of 1974, Chapter 91½, Sec. 120 et.seq. as amended, proposes to adopt the following policy and procedures governing its award of State and Federal drug abuse prevention and treatment funds.

Rule 82.02 Section 409 Formula Grants

Funds available for award under Section 409, Public Law 92-255 shall be granted according to the following procedures.

- A. Pursuant to an analysis of the drug abuse problems and needs for service throughout the State, and pursuant to the current approved State Plan for Drug Abuse Prevention, the Executive Director shall submit for the approval of the Commissioners, on a semi-annual basis, a proposed allocation of available funds for grant award. The proposed allocations shall identify the amount of funds to be made available by geographic and functional categories reflecting the priorities of the Commission.

Upon the Commissioner's approval of the plan for allocating funds, the Executive Director will circulate and make available the approved allocation and the necessary application funds to all interested parties. Applicants will be advised in the announcement of any requirement for local or regional review by clearing-houses, mental health boards, health systems agencies or other organizations as may be required by law or regulation.

- B. A staff technical assistance team will be appointed by the Executive Director to provide assistance to any eligible organization in the preparation of an application for funds. Members of the staff technical assistance team will not be eligible to participate in a review of applications.

Rule 82.02
Continued

- C. A summary of all applications received will be forwarded to the Illinois Dangerous Drugs Advisory Council for their review and comment.
- D. Eligible applications shall be presented to a staff review team consisting of five staff members and two outside reviewers selected on the basis of their knowledge and experience in the provision of drug abuse services, but having no direct interest in any application being reviewed.

The review team shall discuss the proposals and rank them in order of priority for funding on a numerical basis, giving attention to the following factors:

1. The need for the program in the geographic and functional areas which it is intended to serve.
 2. The suitability of the proposed activity to meet the demonstrated need.
 3. The ability of the agency or organization making the application to carry out the proposed activity.
 4. The degree of which the proposal addresses the priorities established in the State Plan.
 5. The consequences of denying funding to a previously funded program.
 6. The degree to which the applicant exhibits close coordination and cooperation with other service agencies.
- E. The Executive Director will review and approve, with modifications if he deems necessary, the recommendations of the staff review team and forward his final recommendations to the Executive Committee of the Commissioners, consisting of the Chairman of the Commission and two other members appointed by him, including at least one public member.
- F. If a majority of the members of the Executive Committee approve the Executive Director's recommendations, the remainder of the Commissioners and Advisory Council members will be notified. Award documents will be forwarded to the applicants after allowing a period of ten working days for any Commissioner to comment. If the Executive Committee members do not approve the Executive Director's recommendation, it, together with the Committee's views, will be forwarded to the full membership of the Commission for a final determination.

Rule 82.02
Continued

Both the Executive Committee's approval and any final determination by the Commission in this matter may be conducted by mail.

G. Section 409 Funds are developmental in purpose and will therefore be allocated as follows:

1. Forty percent of the available funds in a single grant year will be for the development of urban/suburban drug abuse treatment capability, thirty percent will be reserved for the development of rural drug abuse treatment capability, and thirty percent for the development of drug abuse prevention, education and early intervention capabilities.
2. Funding may not exceed three years for any one project, with 409 grant funds paying for a maximum of 95% of program costs the first and second years and a maximum of 70% the third year. Required matching funds may be in-kind goods or services up to fifteen percent of the approved annual program costs with the remainder required to be in cash.
3. Funding under this section may not exceed \$60,000 annually for a single project, and no more than two projects may be funded within the same organization or operating agency within the same grant year.

H. Applicant eligibility is determined as follows:

1. Any public or private not-for-profit agency, organization or institution is eligible to apply for and receive an award under this section.
2. Unless specifically exempted, any such agency, organization or institution must satisfy Commission requirements for licensure according to the current applicable provisions of the Rules and Regulations promulgated by the Commission.
3. All applications must be completed and submitted on a form and in the manner prescribed by the Executive Director, be submitted within the time limits prescribed by the Executive Director, and contain evidence of any local, regional or state clearing-house review that may be required by current law or regulation.
4. To be eligible, applications must not request in excess of 115% of the funds identified as available in a given program area by an approved allocation under this section.

Rule 82.02
Continued

5. An applicant may be deemed ineligible for failure to comply with equal employment opportunity guidelines of the Illinois Fair Employment Practices Commission or the Department of Health, Education and Welfare or any other applicable state or federal law or regulation.

I. The Executive Director shall give special emphasis to:

1. The wide distribution of the approved State Plan and application procedures in order that the greatest possible number of potential applicants may be apprised of the opportunity for participation in the Commission's programs;
2. The prompt dissemination of information to members of the Commission's Advisory Council and its Committees as they may require for the exercise of their duties and responsibilities; and
3. The establishment of appropriate agreements and mechanisms to provide for the Commission's cooperative review of drug abuse and drug abuse related applications with other state, local and federal agencies.

Rule 82.03

Statewide Services Contract/Section 410 Pass-Through Funding.

- A. Upon receipt of an RFP from the National Institute on Drug Abuse/DHEW, the Executive Director is authorized to solicit proposals from eligible subcontractors and with NIDA/DHEW to secure the award of an approved Statewide Services Contract.
- B. The Executive Director shall renew subcontracts only upon a satisfactory performance review.
- C. When it is necessary to select or seek new subcontractors for NIDA/DHEW approval and inclusion in the Statewide Services Contract, the Executive Director is authorized to announce the availability of funds for the specific type of services to be provided and to establish a staff technical assistance team and staff review team as in Rule 82.02 above to review those proposals.
- D. The Executive Director shall notify the Executive Committee of any new contractors selected. If the Executive Committee does not approve the Director's recommendation, it, together with the Committee's comments will be forwarded to the Commission for their final determination.

Rule 82.03
Continued

- E. Upon securing approval of the Statewide Services Contract from DHEW/NIDA, the Executive Director shall notify the members of the Commission and the approved subcontractors.
- F. A subcontractor's cost of service and scope of work must be approved by NIDA/DHEW. Matching funds are required on an overall statewide basis at a 60% Federal/40% Local ratio. Section 410 statewide services subcontracts are intended to supplement the development and capacity of the state's basic treatment services.

Rule 82.04

State General Revenue Funds; Annual Contracts For The Provision of Drug Abuse Services.

- A. The Executive Director is authorized to negotiate individually and make final and binding agreements with service providers for the provision of sustained direct treatment services for drug abuse, drug dependency and drug addiction provided that:
 - 1. An assessment of the need for service has been conducted;
 - 2. A review of the utilization of existing services has been conducted;
 - 3. A review of the performance of existing contractors and of compliance with licensure rules and regulations has been conducted, addressing programmatic, fiscal, and clinical areas; and
 - 4. Any required approvals for the rates of reimbursement have been secured.
- B. Contracts under this section with organizations not previously contracted with, or contracts which are significantly changed from previous years either in number of persons to be served or in the amount of funds (plus or minus 20%), will be sent to the Executive Committee for review. If the Executive Committee does not approve the Executive Director's recommendation, it, together with the Committee's comments will be forwarded to the Commission for final determination. Applicants will be notified of the acceptance of their contracts after a period of ten working days, during which the Commissioners will be provided with a summary report of services to be provided by contracts approved under this section, and afforded the opportunity to review and comment on the Executive Committee's action.

Rule 82.04
Continued

- C. No more than 25% of these funds may be used to match Federal funds in order to preserve the State's Title XX reimbursement for social services. The distribution of the 25% which may be used as match shall be within the authority of the Executive Director to determine.

Rule 82.05

General Authority

- A. The Executive Director is authorized to accept, and pass through by award or contract where appropriate, other Federal and State funds which are limited to specific purposes or which may be necessary to carry out the duties and responsibilities of the Commission, provided that notice is given to the Commission prior to the next regularly scheduled Commission meeting and that any action taken by the Director may be modified by the Commission at that meeting, including the alteration or termination of such actions.
- B. The Executive Director may enter into a contract or make an award of funds when in his determination an emergency exists. An emergency shall be deemed to exist when in the interest of the public health, safety or welfare, immediate funding is necessary to sustain existing program services or to minimize or prevent a serious disruption of drug abuse treatment or prevention services. The Director shall notify the Commissioners of any action taken under this section prior to the next regularly scheduled Commission meeting, and the Commission may modify any action taken by the Director under this part.
- C. The Executive Director is authorized to make adjustments or revisions in any funding agreement as may become necessary during the course of the program year. However, the Director shall notify the Commissioners prior to the next regularly scheduled Commission meeting of any action taken under this section which significantly alters the purpose or scope of the original award or changes the amount thereof by 15% or \$5,000, whichever is greater.
- D. The Executive Director may suspend or terminate any award or contract or grant:
1. For cause pursuant to Section 83 or the Commission Rules and Regulations - or
 2. Pursuant to the terms of the funding agreement.

Rule 82.06 Appeals and Rights of Applicants

- A. Any agency or organization submitting an application pursuant to these procedures is entitled to receive a summary of any reviews and judgments made concerning that application and will be provided with that information after a final determination has been made concerning the application.
- B. An applicant or contractor whose funding agreement has been suspended or terminated, or an applicant for funds or existing contractor eligible for renewal or continuation which is denied renewal or continuation, or an existing grantee or contractor whose funding is reduced by more than 20% pursuant to Rule 82.04 above, is eligible to appeal that denial, termination, suspension or reduction pursuant to Section 83 of the Rules and Regulations for Drug Abuse Programs.
- C. New applicants or applicants for newly available funds are not entitled to appeal a denial of their application.

Rule 82.07 These Procedures Become Effective Upon Adoption by the Commission and Supersede Any Previous Procedures With Which They Are In Conflict.

SECTION 83 SUSPENSION AND TERMINATION OF FINANCIAL ASSISTANCE

Rule 83.01 Purpose and Scope

This Section establishes rules and review procedures for the suspension and termination of assistance provided by the Commission pursuant to: Sections 409 and 410 of Title IV of the Drug Abuse Office and Treatment Act of 1972, as amended, 21 USC 1176 and 1177; Section 5.3 and 5.6 of the Dangerous Drug Abuse Act, as amended; and Chapter 91½, Sections 120.5-3 and 120.5-6, Illinois Revised Statutes (hereinafter referred to as the "Acts"), because of a material failure of a recipient to comply with the terms and conditions of any grant contract providing assistance under these sections of the Acts, including applicable laws, regulations, issued program guidelines, instructions, and contract or grant conditions or approved work programs.

Rule 83.02 Application

This Section applies to program authorized under the Acts, except where any grant or contract, by its terms, provides to the contrary.

Rule 83.03

Definitions

As used in this Section:

- A. The term "agency" means a public or private agency, institution or organization or a State or other political jurisdiction with which the recipient has entered into an arrangement, contract or agreement to assist in its carrying out of the development, conduct and administration of all or part of a project assisted under the Acts.
- B. The term "assistance" means assistance under the Acts in the form of grants or contracts involving Federal or State funds for the administration of which the Commission has responsibility.
- C. The term "party" in the case of a termination hearing means the Commission, the recipient concerned, and any other agency or organization which has a right or which has been granted permission by the presiding officer to participate in a hearing concerning termination of assistance to the recipient pursuant to Rule 83.05(E).
- D. The term "recipient" means a public or private agency, institution or organization or a State or other political jurisdiction which has received assistance under the Acts but does not include individuals who ultimately receive benefits under any program of assistance or volunteers participating in any program.
- E. The term "responsible Commission official" means the Executive Director and Deputy Director of the Commission and shall include their duly authorized representatives.
- F. The term "suspension" means any action temporarily suspending or curtailing assistance in whole or in part, to all or any part of a program, prior to the time that such assistance is concluded by the terms and conditions of the document in which such assistance is extended, but it does not include the refusal to provide new or additional assistance.
- G. The term "termination" means any action permanently terminating or curtailing assistance to all or part of a program prior to the time that such assistance is concluded by the terms and conditions of the document in which such assistance is extended, but it does not include the refusal to provide new or additional assistance.

Rule 83.04

Suspension

- A. General - The responsible Commission official may suspend assistance to a recipient in whole or in part for a material failure or threatened material failure to comply with any requirement stated in Rule 83.01. Such suspension shall be pursuant to notice and opportunity to show cause why assistance should not be suspended as provided in paragraph B of this rule. However, in emergency cases, where the responsible Commission official determines summary action is appropriate, the alternative summary procedure of paragraph C of this rule shall be followed.
- B. Suspension on notice
1. Except as provided in paragraph C of this rule, the procedure for suspension shall be on notice of intent to suspend as hereinafter provided.
 2. The responsible Commission official shall notify the recipient by letter or by telephone that the Commission intends to suspend assistance in whole or in part unless good cause is shown why assistance should not be suspended. In such letter or telegram, the responsible Commission official shall specify the effective date of the suspension.
 3. The responsible Commission official shall also inform the recipient of its right to submit written material in opposition to the intended suspension and of the right to request in writing an informal meeting at which the recipient may respond and attempt to show why such suspension should not occur. The period of time within which the recipient may submit such written material or request the informal meeting shall be established by the responsible Commission official in the notice of intent to suspend. However, in no event shall the period of time within which the recipient must submit written material or request such a meeting be less than seven days after the notice of intent to suspend assistance has been sent. If the recipient requests a meeting, the responsible Commission official shall fix a time and place for the meeting which shall not be less than seven days after the recipient's request is received by the Commission.

Rule 83.04

4. In lieu of the provisions of paragraph B3 of this rule dealing with the right of the recipient to request an informal meeting, the responsible Commission official may use own initiative to establish a time and place for such a meeting and notify the recipient in writing or by telegram. However, in no event shall such a meeting be scheduled less than seven days after the notice of intent to suspend assistance is sent to the recipient.
5. The responsible Commission official may use discretion to extend the period of time or date referred to in the previous paragraphs of this rule and shall notify the recipient in writing or by telegram of such extension.
6. At the time the responsible Commission official sends the notification referred to in paragraphs B2 and 3 and 4 of this rule to the recipient, he shall also send a copy of it to any agency whose activities or failures to act have substantially contributed to the proposed suspension and shall inform such agency that it is entitled to submit written material or to participate in the informal meeting referred to in paragraphs B3 and 4 of this rule. In addition, the responsible Commission official may use discretion to give such notice to any other agency.
7. Within three days of receipt of the notice referred to in paragraphs B2, 3 and 4 of this rule, the recipient shall send a copy of such notice and a copy of these regulations to all agencies which would be financially affected by the proposed suspension action. Any agency that wishes to submit written material may do so within the time stated in the notice. Any agency that wishes to participate in the informal meeting with the responsible Commission official contemplated herein may request in writing permission to do so from the responsible Commission official, who may use discretion to grant or deny such permission. In acting upon such request from an agency, the responsible Commission official shall take into account the effect of the proposed suspension on the particular agency, the extent to which the meeting would become unduly complicated as a result of granting such permission, and the extent to which the interests of the agency requesting such permission appear to be adequately represented by other participants.

Rule 83.04
Continued

8. In the notice of intent to suspend assistance, the responsible Commission official shall invite voluntary action to adequately correct the deficiency which led to the initiation of the suspension proceedings.
9. The responsible Commission official shall consider any timely material presented to him in writing, any material presented to him during the course of the informal meeting provided for in paragraphs B3 and 4 of this rule, and any showing that the recipient has adequately corrected the deficiency which led to the initiation of suspension proceedings. If, after considering the material presented to him, the responsible Commission official concludes the recipient has failed to show cause why assistance should not be suspended, he may suspend assistance in whole or in part and under such terms and conditions as he shall specify.
10. Notice of such suspension shall be promptly transmitted to the recipient and shall become effective upon delivery. Suspension shall not exceed 30 days unless during such period of time termination proceedings are initiated in accordance with Rule 83.05 or unless the responsible Commission official and the recipient agree to a continuation of the suspension for an additional period of time. If termination proceedings are initiated, the suspension of assistance shall remain in full force and effect until such proceedings have been fully concluded.
11. During a period of suspension, no new expenditures shall be made and no new obligations shall be incurred in connection with the suspended program except as specifically authorized in writing by the responsible Commission official. Expenditures to fulfill legally enforceable commitments made prior to the notice of suspension, in good faith and in accordance with the recipient's approved work program, and not in anticipation of suspension or termination, shall not be considered new expenditures. However, funds shall not be recognized as committed solely because the recipient has obligated them by contract or otherwise to an agency.
12. The responsible Commission official may in his discretion modify the terms, conditions and nature of the suspension or rescind the suspension action at any time on his own initiative or upon a showing satisfactory to him that the recipient had adequately corrected the deficiency which led to the suspension and that repetition is not threatened. Suspensions

Rule 83.04
Continued

partly or fully rescinded may, in the discretion of the responsible Commission official be reimposed with or without further proceedings: Provided however, that the total time of suspension may not exceed 30 days unless termination proceedings are initiated in accordance with Rule 83.05 or unless the responsible Commission official and the recipient agree to a continuation of the suspension for an additional period of time. If termination proceedings are initiated, the suspension of assistance shall remain in full force and effect until such proceedings have been fully concluded.

C. Summary Suspension

1. The responsible Commission official may suspend assistance without the prior notice and opportunity to show cause provided in paragraph B of this rule if he determines in his discretion that immediate suspension is necessary because of a serious risk of (i) substantial injury to or loss of project funds or property, or (ii) violation of a Federal, State or local criminal statute, or (iii) violation of Commission rules, regulations, guidelines and instructions, and such risk is sufficiently serious to outweigh the general policy in favor of advance notice and opportunity to show cause.
2. Notice of summary suspension shall be given to the recipient by letter or by telegram, shall become effective upon delivery to the recipient and shall specifically advise the recipient of the effective date of the suspension and the extent, terms, and condition of any partial suspension. The notice shall also forbid the recipient to make any new expenditures or incur any new obligations in connection with the suspended portion of the program. Expenditures to fulfill suspension, in good faith and in accordance with the recipient's approved work program, and not in anticipation of suspension or termination, shall not be considered new expenditures. However, funds shall not be recognized as committed by a recipient solely because the recipient obligated them by contract or otherwise to an agency.
3. In the notice of summary suspension, the responsible Commission official shall advise the recipient that it may request in writing the Commission to provide it with an opportunity to show cause why the summary suspension should be rescinded. If the recipient requests such an opportunity, the responsible Commission official shall immediately inform the

Rule 83.04

recipient in writing of the specific grounds for the suspension and within seven days after receiving such request from the recipient may show cause why the summary suspension should be rescinded.

Notwithstanding the provisions of this subparagraph, the responsible Commission official may proceed to initiate termination proceedings at any time even though assistance to the recipient has been suspended in whole or in part. In the event that termination proceedings are initiated, the responsible Commission official shall nevertheless afford the recipient, if it so requests in writing, an opportunity to show cause why suspension should be rescinded pending the outcome of the termination proceedings.

4. Copies of the notice of summary suspension shall be furnished by the recipient to agencies in the same manner as notices of intent to suspend as set forth in paragraphs B6, 7 and 8 of this rule. Agencies may submit written material to the responsible Commission official or to participate in the informal meeting in the case of intended suspension proceedings set forth in paragraphs B6 and 7 of this rule.
5. The effective period of a summary suspension of assistance may not exceed 30 days unless termination proceedings are initiated in accordance with Rule 83.05 or unless the parties agree to a continuation of summary suspension for an additional period of time or unless the recipient, in accordance with paragraph C3 of this rule, requests in writing an opportunity to show cause why the summary suspension should be rescinded.
6. If the recipient requests an opportunity to show cause why a summary suspension action should be rescinded, the suspension of assistance shall continue in effect until the recipient has been afforded such opportunity and a decision has been made. Such a decision shall be made within seven days after the conclusion of the informal meeting referred to in paragraph C., 3. of this rule. If the responsible Commission official concludes, after considering all material why the suspension should be rescinded, the responsible Commission official may continue the suspension in effect for an additional 7 days: Provided however, that if termination proceedings are initiated, the summary suspension of assistance shall remain in full force and effect until all termination proceedings have been fully concluded.

Rule 83.05

Termination

- A. If the responsible Commission official believes that an alleged failure to comply with any requirement stated in rule 83.01 may be sufficiently serious to warrant termination of assistance, whether or not assistance has been suspended, he shall so notify the recipient by letter or telegram. The notice shall state that there appear to be grounds which warrant terminating the assistance and shall set forth the specific reasons therefore. If the reasons result in whole or substantial part from the activities of an agency other than the grantee, the notice shall identify that agency. The notice shall also advise the recipient that the matter has been set down for hearing at a stated time and place, in accordance with rule 83.06. In the alternative, the notice shall advise the recipient of its right to request in writing a hearing and shall fix a period of time which shall not be less than seven days in which the recipient may request such hearing.
- B. Termination hearings shall be conducted in accordance with the provisions of rules 83.07 and 83.08. They shall be scheduled for the earliest practicable date, but not later than 30 days after a recipient has requested such a hearing in writing or by telegram. Consideration shall be given to a written request by a recipient to advance or postpone the date of a hearing scheduled by the Commission. Any such hearing shall afford the recipient a full and fair opportunity to demonstrate that it is in compliance with requirements specified in rule 83.01. In any termination hearing, the Commission shall have the burden of justifying the proposed termination action. However, if the basis of the proposed termination is the failure of a recipient to take action required by law, regulation or other requirement specified in rule 83.01, the recipient shall have the burden of proving that such action was timely taken.
- C. If a recipient requests the Commission to hold a hearing in accordance with paragraph A of this rule, it shall send a copy of its request for such a hearing to all agencies which would be financially affected by the termination of assistance and to each agency identified in the notice pursuant to paragraph A of this rule. This material shall be sent to these agencies at the same time the recipient's request is made to the Commission. The recipient shall promptly send the Commission a list of the agencies to which it has sent such material and the date on which it was sent.

Rule 83.05
Continued

- D. If the responsible Commission official pursuant to paragraph A of this rule informs a recipient that a proposed termination action has been set for hearing, the recipient, within three days of its receipt of this notice, shall send a copy of it to all agencies which would be financially affected by the termination and to each agency identified in the notice pursuant to paragraph A of this rule. The recipient shall send the responsible Commission official a list of all agencies notified and the date of notification.
- E. If the responsible Commission official has initiated termination proceedings because of the activities of an agency, that agency may participate in the hearing as a matter of right. Any other agency, person or organization that wishes to participate in the hearing, in accordance with rule 83.07(D), may request permission in writing to do so from the presiding officer of the hearing. Such participation shall not alter, without the consent of the Commission and the recipient, the time limitation for the delivery of papers or other procedures set forth in this rule.
- F. The results of the proceedings and any measure taken thereafter by the Commission pursuant to this part shall be fully binding upon the recipient and all agencies whether or not they actually participate in the hearing.
- G. A recipient may waive a hearing by notice to the responsible Commission official in writing and may submit written information and argument for the record. Such material shall be submitted to the responsible Commission official within a reasonable period of time to be fixed by the official upon the written request of the recipient. The failure of a recipient to request a hearing or to appear at a hearing for which a date has been set, unless excused for good cause, shall be deemed a waiver of the right to a hearing and consent to the making of a decision on the basis of such information as is then in the possession of the Commission.
- H. The responsible Commission official may attempt, either personally or through a representative, to resolve the issues in dispute by informal means prior to the date of any applicable hearing.

Rule 83.06 Time and Place of Termination Hearing

The termination hearing shall be held at the office of the Commission at a time fixed by the responsible Commission official unless the official determines that the convenience of the Commission or that of the parties or their representatives requires that another place be selected.

Rule 83.07 Termination Hearing Procedures

A. General - The termination hearing, decision and any review thereof shall be conducted in accordance with the rules of procedure set forth in this rule and rules 83.08 and 83.09.

B. Presiding Officer

1. The presiding officer at the hearing shall be the Commission members, the responsible Commission official or, at the discretion of the Commission members or the responsible Commission official, a hearing officer of the Commission. The presiding officer shall conduct a full and fair hearing, avoid delay, maintain order, and make a sufficient record for a full and true disclosure of the facts and issues. To accomplish these ends, the presiding officer shall have all powers authorized by law and may make all procedural and evidentiary rulings necessary for the conduct of the hearing. The hearing shall be open to the public unless the presiding officer for good cause shown shall determine otherwise.

2. After the notice described in paragraph F of this rule is filed with the presiding officer, the officer shall not consult any person or party on a fact in issue unless on written notice and opportunity for all parties to participate. However, in performing the presiding officer's functions under this part, the officer may use the assistance and advice of a technical advisor of the Commission designated by the Executive Director, provided that the technical advisor designated to assist the officer has not represented the Commission or any other party or otherwise participated in any proceedings, recommendation or decision in the particular matter.

C. Presentation of Evidence - Both the Commission and the recipient are entitled to present their case by oral or documentary evidence, to submit rebuttal evidence, and to conduct such examination and cross-examination as may be required for a full and true disclosure of all facts bearing on issues. The issues shall be those stated in

Rule 83.07
Continued

the notice required to be filed by paragraph F of this rule, those stipulated in a pre-hearing conference, or those agreed to by the parties.

D. Participation

1. In addition to the Commission, the recipient, and any agency which has a right to appear, the presiding officer may use discretion to permit the participation in the proceedings of such persons or organizations as the officer deems necessary for a proper determination of the issues involved. Such participation may be limited to those issues or activities which the presiding officer believes will meet the needs of the proceedings and may be limited to the filing of written material.
2. Any person or organization that wishes to participate in the proceedings may apply for permission in writing to do so from the presiding officer. This application, which shall be made as soon as possible after the notice of suspension or proposed termination has been received by the recipient, shall state the applicant's interest in the proceedings, the evidence or arguments the applicant intends to contribute, and the necessity for the introduction of such evidence or arguments.
3. The presiding officer shall permit or deny such participation and shall give notice of the decision to the applicant, the recipient, and the Commission, and in the case of denial, a brief statement of the reasons therefor, provided, however, that the presiding officer may subsequently permit such participation if, in the officer's opinion, it is warranted by subsequent circumstances. If participation is granted, the presiding officer shall notify all parties of that fact and may, in appropriate cases, include in the notification a brief statement of the issues as to which participation is permitted.
4. Permission to participate to any extent is not a recognition that the participant has any interest which may be adversely affected or that the participant may be aggrieved by any decision but is allowed solely for the aid and information of the presiding officer.

Rule 83.07
Continued

- E. Filing - All papers and documents which are required to be filed shall be filed with the presiding officer. Prior to filing, copies shall be sent to the other parties.
- F. Notice - The responsible Commission official shall send the recipient and any other party a written notice which states the time, place, nature of the hearing, and the legal authority and jurisdiction under which the hearing is to be held. The notice shall also identify with reasonable specificity the facts relied on as justifying termination and the Commission requirements which it is contended the recipient has violated. The notice shall be filed and served not later than ten days prior to the hearing, and a copy thereof shall be filed with the presiding officer.
- G. Notice of intention to appear - The recipient and any other party which has a right or has been granted permission to participate in the hearing shall give written confirmation to the Commission of its intention to appear at the hearing three days before the hearing is scheduled to occur. Failing to do so, at the discretion of the presiding officer, may be deemed a waiver of the right to a hearing.
- H. Form and Date of Service - All papers and documents filed or sent to a party shall be signed in ink by the appropriate party or his authorized representative. The date on which papers are filed shall be the day on which the papers or documents are deposited, postage prepaid, in the U.S. mail or are delivered in person, provided, however, that the effective date of the notice that there appear to be grounds which warrant terminating assistance shall be the date of its delivery or attempted delivery at the recipient's last known address as reflected in the records of the Commission.
- I. Prehearing Conferences - Prior to the commencement of a hearing, the presiding officer, subject to the provisions of paragraph B2 of this rule, may require the parties to meet or correspond with the officer concerning the settlement of any matter which will expedite a quick and fair conclusion of the hearing.
- J. Evidence - Technical rules of evidence shall not apply to hearings conducted pursuant to this section, but the presiding officer shall apply rules of principles designated to assure production of relevant evidence and to subject testimony of such examination and cross-exami-

Rule 83.07
Continued

nation as may be required for a full and true disclosure of the facts. The presiding officer may exclude irrelevant, immaterial, or unduly repetitious evidence. A transcript may be made of the oral evidence and may be made available to any participant upon payment of the prescribed costs. All documents and other evidence submitted shall be open to examination by the parties, and opportunity shall be given to refute facts and arguments advanced on either side of the issues.

- K. Depositions - If the presiding officer determines that the interest of justice would be serviced, the officer may authorize the taking of depositions, provided that all parties are afforded an opportunity to participate in the taking of the depositions. The party who requested the deposition shall arrange for a transcript to be made of the proceedings and, upon request and at his expense, shall furnish all other parties with copies of the transcript.
- L. Official Notice - Official notice may be taken of a public document, or part thereof, such as a statute, official report, decision, opinion or published scientific data issued by any agency of the Federal Government of a State or Local government, and such document or data may be entered on the record without further proof of authenticity. Official notice may also be taken of such matters as may be judicially noticed in the courts of the United States or any other matter of established fact within the general knowledge of the Commission. If the decision of the presiding officer rests on an official notice of a material fact not appearing in evidence, a party shall on timely request be afforded an opportunity to show the contrary.
- M. Proposed Findings and Conclusions - After the hearing has concluded, but before the presiding officer makes a decision, the officer shall afford each participant a reasonable opportunity to submit proposed findings of fact and conclusions. After considering each proposed finding or conclusion, the presiding officer shall state in the decision whether the officer has accepted or rejected them in accordance with the provisions of rule 83.08(A).

Rule 83.08

Decisions and Notices Regarding Termination

- A. Each decision of a presiding officer shall set forth the findings of fact and conclusions and shall state whether the officer has accepted or rejected each proposed finding of fact and conclusion submitted by the parties, pursuant to rule 83.07(M). Findings of fact shall be based

Rule 83.08
Continued

only upon evidence submitted to the presiding officer and matters of which official notice has been taken. The decision shall also specify the requirement(s) with which it is found that the recipient has failed to comply.

- B. The decision of the presiding officer may provide for continued suspension or termination of assistance to the recipient in whole or in part and may contain such terms, conditions, and other provisions as are consistent with and will effectuate the purposes of the Rules.
- C. If the hearing is held by a hearing officer of the Commission rather than of the responsible Commission official, the hearing officer shall make an initial decision and a copy of this initial decision shall be mailed to all parties. Any party, within 15 days of the mailing of such initial decision or such longer period of time as the presiding officer specifies, may file with the responsible Commission official its written exceptions to the initial decision and any supporting brief or statement. Upon the filing of such exceptions, the responsible Commission official, within 30 days of the mailing of the exceptions, shall review the initial decision and issue the official's own written decision thereof, including the reasons therefor. The decision of the responsible Commission official may increase, modify, approve, vacate, remit, or mitigate any sanction imposed in the initial decision or may remand the matter to the presiding officer for further hearing or consideration.
- D. Whenever a hearing is waived, a decision shall be made by the responsible Commission official and a written copy of the final decision of the responsible Commission official shall be given to the recipient.

Illinois Department of Public Health - Proposed Revisions to the Illinois Water Well Construction Code Rules and Regulations

The Illinois Department of Public Health proposes to amend the Illinois Water Well Construction Code Rules and Regulations promulgated in accordance with the Illinois Water Well Construction Code (Chapter 111 $\frac{1}{2}$, §116.111 et seq., Illinois Revised Statutes, 1975).

Many of the revisions are proposed in order to clarify requirements and to conform certain requirements to current standard generally accepted practice. More specifically:

- 1) Rule 2.4 would now contain the variance provision originally contained in Rule 6.5. The new provision would allow more flexibility in the variance process.
- 2) Revised Rule 3.14 would expand the definition of well seal.
- 3) Rule 4.5 on water quality as a design factor would be deleted.
- 4) Requirements for the acceptability of existing well pits would be moved from Rule 5.4.2 to Rule 11.1 (Well Modification) and would be changed somewhat.
- 5) Rule 6.4 would be modified to clarify the method of cement grouting with a pitless adapter attachment.
- 6) In Rules 7.1, 7.1.1, 7.1.2, and 7.2, proposed changes would clarify methods of casing installations in shallow rock areas.
- 7) New Rule 7.4 would add a section on plastic well casings; Rule 7.1.1 would be revised to add installation requirements for plastic well casings.
- 8) Rule 8.2 would be revised to recommend the buried slab method for bored or dug wells, and to clarify that no piping can extend out of the side wall of the casing.
- 9) Rule 8.2.1 would be revised to eliminate the requirement regarding welding.
- 10) Rule 8.2.2 would be revised to add a requirement for bored or dug wells; Rule 8.2.4 would be revised in order to correspond to revised Rule 8.2.2.

- 11) Rule 8.2.4 would further be revised to change the minimum size requirement of the riser pipe in a buried slab well.
- 12) Revised Rule 9.1 would include a new AKM standard for plastic well casings.
- 13) Revised Rule 9.9 would eliminate the specification as to amount of free chlorine residual required.

The revisions are primarily in order to clarify and add detail; some constitute minor wording changes. Proposed Rule 3.4 would allow contractors to request of the Department a variance if conditions at a particular site preclude compliance with specified requirements. Provisions regarding existing well pits have been added to Rule 4.1.

If any interested persons wish to present their views concerning this intended action, they may do so by sending written comments to the attention of: Mr. James C. Mills, Division of Engineering, Illinois Department of Public Health, 535 West Jefferson Street, Springfield, Illinois 62761. The Department will consider all written comments which it receives within 45 days beginning on the date of publication of this notice.

The complete texts of the involved rules, as they are proposed to read after revision, follow. The existing texts of affected rules are printed to show the proposed revisions, with deletions indicated by strike-out and additions underlined (except when underlining is for emphasis or to indicate a title).

2.4 VARIANCES.

If conditions exist at a proposed installation site which preclude compliance with the requirements specified herein, the contractor may request a variance from the Department.

- 3.14 Well Seal means an arrangement or device used to cap a well or establish a watertight closure of the junction of a well pump or piping with the well casing at the upper terminal of the well the purpose of which is to prevent contaminated water or other material from entering the well. The top plate of the seal shall have a lip that rests on top of and extends to the outer edge of the casing for support.

4.2 GEOLOGICAL FORMATIONS.

~~Adaption-of-the-well-to-the-geologic-formations-and-ground water-conditions-at-the-well-site.~~ The well construction shall be adapted to the geologic formations and ground water conditions at the site.

4.3 UNDESIRABLE GEOLOGICAL FORMATIONS.

~~The-exclusion-of-water-bearing-formations-which-have-undesirable-characteristics-or-are-subject-to-contamination.~~ Water bearing formations which have undesirable characteristics or are subject to contamination shall be excluded by installing casing or a liner and properly sealing.

- 4.5 ~~WATER-QUALITY.--The-quality-of-water-needed-based-on-its proposed-use.~~

4.6 4.5 DURABILITY.

~~The-use-of-construction-methods-and-materials-which-will~~

~~result-in-a-durable-well-producing-safe-water-~~ Construction methods and materials shall provide a durable well capable of maintaining safe water and protect the aquifer.

4-7 4.6 SUPPLEMENTARY CONSTRUCTION. Installation of pitless well adapters, storage tanks, treatment facilities or any other similar alterations of a well structure. No well casing shall be cut off or cut into below ground surface except to install a pitless well adapter. All pitless well adapters shall be so designed and constructed that the point or points of field attachment of the pitless adapter to the well casing and all water contact surface or parts in contact with the ground shall be under the pressure of the water system.

The cap, casing cover or sanitary seal shall be self-draining and overlap the top of the casing or casing extension with a downward flange. There shall be no openings in the cover, within the outside diameter of the casing extension except for a factory installed vent. Such factory installed vent shall be installed in the cap or cover using a threaded or welded connection; the vent opening shall be turned down, secured in position, reasonably tamper proof and be screened with not less than 16 mesh non-corrodible screen or filtered in such a manner as to prevent the entry of insects. The cover shall be watertight. Pitless well adapters will require the approval of the Illinois Department of Public Health.

5.4.2 PITS AND BASEMENTS. New wells shall not be constructed in pits or basements. ~~Wells-in-existing-pits-will-be-accepted-if-the-following-requirements-are-met:~~

~~1.--The-pit-shall-be-of-watertight-constructions-and-shall be-protected-from-the-entrance-of-surface-and-ground-water. A-separate-free-fall-drain,-above-all-flood-level,-or-an automatic-sump-pump-must-be-provided-to-drain-the-pit.--A free-fall-drain-must-be-protected-to-prevent-the-entrance of-small-animals.--The-well-casing-must-extend-at-least-12 inches-above-the-pit-floor-and-have-a-sanitary-seal-to-prevent-contamination-from-entering-the-well.~~

6.4 GRAVEL WALL CONSTRUCTION. When an over-sized drill hole is constructed to permit the placement of a gravel wall around the well screen, the annular opening between the casing and drill hole shall be sealed in the top 20 feet or 20 feet below the point of pitless adapter attachment with concrete or cement grout. If a permanent outer casing is installed, it shall extend to a depth of at least 20 feet and depending on the formations present, the annular opening between the drill hole and the outer casing shall be sealed with drill cuttings, clay slurry or cement grout. The annular opening between inner and outer casings shall be sealed with concrete or cement grout in the upper 20 feet or 20 feet below the point of pitless adapter attachment.

All gravel placed in the well shall be clean, washed and

disinfected prior to placement or provisions made for disinfection in place.

Gravel refill pipes may be installed if they terminate above ground surface and are provided with watertight caps. Wells designed for placement of an artificial gravel pack shall be provided with an adequate screen having openings sized on the basis of the grain size of the gravel. The well shall be developed to insure free entry of water without sediment.

6-5 ~~VARIATION-REQUIRED.--If-the-geologic-and-ground-water-conditions-of-a-proposed-well-site-make-compliance-with-the-requirements-of-Sections-6-1-through-6-4-impossible,-the-constructor-may-request-the-Department-to-review-a-proposal-for-modification-of-the-requirements.--Such-request-shall-be-made-in-writing-and-be-accompanied-by-pertinent-data-to-support-the-request.~~

SECTION 7 - DRILLED WELL CONSTRUCTION IN CONSOLIDATED FORMATIONS

7.1 CREVICED FORMATIONS. Limestones and dolomites which are cracked, creviced, and otherwise channelized should be viewed with suspicion as a source of ground water supply if they are the uppermost formation of the bedrock and have only a shallow mantle of earth overburden. In general, such formations are recharged through the overburden and therefore the thickness and continuity of the overburden for some radial distance from the well are important factors

related to the quality of water which will be present in the cracks and crevices of the formation.

The less the thickness of earth over burden, the greater is the potential for contaminants to enter the limestone formation. Experience indicates that when contaminants have entered such a formation, the upper water bearing portion is most affected. It is desirable, therefore, that the well draw water from below the upper portion of the limestone formation.

Unfortunately, there are no precise means for predetermining the exact depth in any locality to which a casing shall be set which will insure a continuing supply of safe water for the life of the well. Although certain minimum requirements are established in 7.1.1 and 7.1.2, the constructor shall on the basis of his knowledge and experience consider whether these minimums are adequate in each well project.

Because of the indeterminant factors involved in assuring that a continuing safe water will be produced by a well in creviced or cracked limestone or dolomite which is the upper formation of the bedrock and is overlain by a mantle of earth having a thickness less than 30 feet ~~for-a-radius of-one-quarter-mile-around-the-well;-all~~ only such wells should be equipped by the owner with a suitable chlorinator to provide for disinfection of all water pumped. The constructor of the well must so advise the owner prior to

construction of the well.

7.1.1 EARTH MANTLE OVER 30 FEET IN THICKNESS. Where the earth mantle is greater than 30 feet in thickness ~~for-a-one quarter-mile-radius-around-the-well~~, the casing shall be fitted with a drive shoe and driven to a firm seat in the limestone or dolomite and the annular space around the casing through the earth mantle sealed with drill cuttings, clay slurry or cement grout. Plastic casing shall be set a minimum of three feet into the rock and sealed with drill cuttings, bentonite or cement grout.

7.1.2 EARTH MANTLE LESS THAN 30 FEET THICK. Where the earth mantle is less than 30 feet in thickness ~~for-a-radius-of-one quarter-mile-around-the-well~~, the well casing shall extend to a depth of at least 40 feet below ground level. The diameter of the drill hole shall be a minimum of two inches greater than the inner diameter of the casing. The annular space shall be pressure cement grouted as provided for in Section 9.7. When an outer casing is left in place the annular space between the casings shall be pressure cement grouted and the annular opening around the outer casing shall be sealed with drill cuttings, clay slurry or cement grout.

7.2 ROCK BELOW CREVICED FORMATIONS. When the uppermost bedrock consists of a creviced limestone or dolomite with an earth mantle less than 30 feet thick ~~for-a-one-quarter-mile-radius-around-the-well,-and~~ the well ~~is-to~~ shall

obtain water from a lower formation and the casing shall extend at least through the creviced formation and be seated in firm rock. The diameter of the drill hole through the creviced formation shall be a minimum of two inches greater than the inner diameter of the casing. The annular space shall be pressure cement grouted as provided for in Section 9.7. When an outer casing is left in place, the annular space between the casings shall be pressure cement grouted and the annular opening around the outer casing shall be sealed with drill cuttings, clay slurry or cement grout.

7.3 PLASTIC CASING INSTALLATIONS.

When plastic well casing is installed the drill hole shall be a minimum of two inches greater than the inner diameter of the casing. The pipe spigot and socket shall be cleaned and treated with a cleaner-primer before applying cement. Joints shall be solvent cemented. Manufacturer's recommendations are to be followed. The spigot shall be inserted into the socket until it bottoms and then be given a one-quarter turn. Screws or pins to hold the joints together are prohibited. There shall be no holes in the plastic casing. A coupling shall be cemented on the bottom of the casing to stabilize it in the hole. A steel nipple five to ten feet long may be used on the bottom of the casing in lieu of the coupling. In rock wells the casing shall be set into the rock a minimum of three feet to prevent

leaking around the end of the casing. In areas where the water is obtained at the rock surface, the casing shall be set just above the rock. A formation packer shall be installed just above the bottom of the casing. The annular opening between the casing and wall of the drill hole shall be sealed with bentonite slurry or neat cement grout for both rock and drift wells.

8.2 Bored or Dug Well.

It is recommended that all bored and dug wells be finished by the buried slab method as specified in Rule 8.2.4.

Bored and dug wells that are not finished as buried slab wells shall comply with the following Rules. Every bored or dug well shall have a continuous watertight lining of steel casing or concrete extending from ~~above~~ ground surface to a depth of at least 10 feet below the ground surface. There shall be no opening in the lining for a pump discharge line. When more than one formation bearing suitable water exists, the lower formation should be used. The lining in the producing zone shall readily admit water and shall be structurally sound to withstand external pressures.

8.2.1 LININGS AND CURBING.

Concrete shall be adequately reinforced with steel rods, be a minimum of six inches thick and poured without construction joints from the ground surface ~~above-ground-terminated~~ to a minimum of ten feet below ground level. Steel curbs shall be whole or have welded joints. ~~Welding shall~~

~~be done by a qualified welder who has met the requirements of AWS-D10-9-69, Section III-American Welding Society Standard For Qualification of Welding Procedures and Welders For Piping and Tubing.~~ The contractor shall be responsible for installation of the water tight lining or curbing.

8.2.2 ANNULAR OPENING.

The open space between the excavation and the installed lining or curbing shall be sealed with cement grout, ben-tonite or puddled clay. The diameter of the well bore below the lining or curbing shall be a minimum of four inches greater than the outside diameter of the well casing and shall be filled with pea gravel to the well bottom.

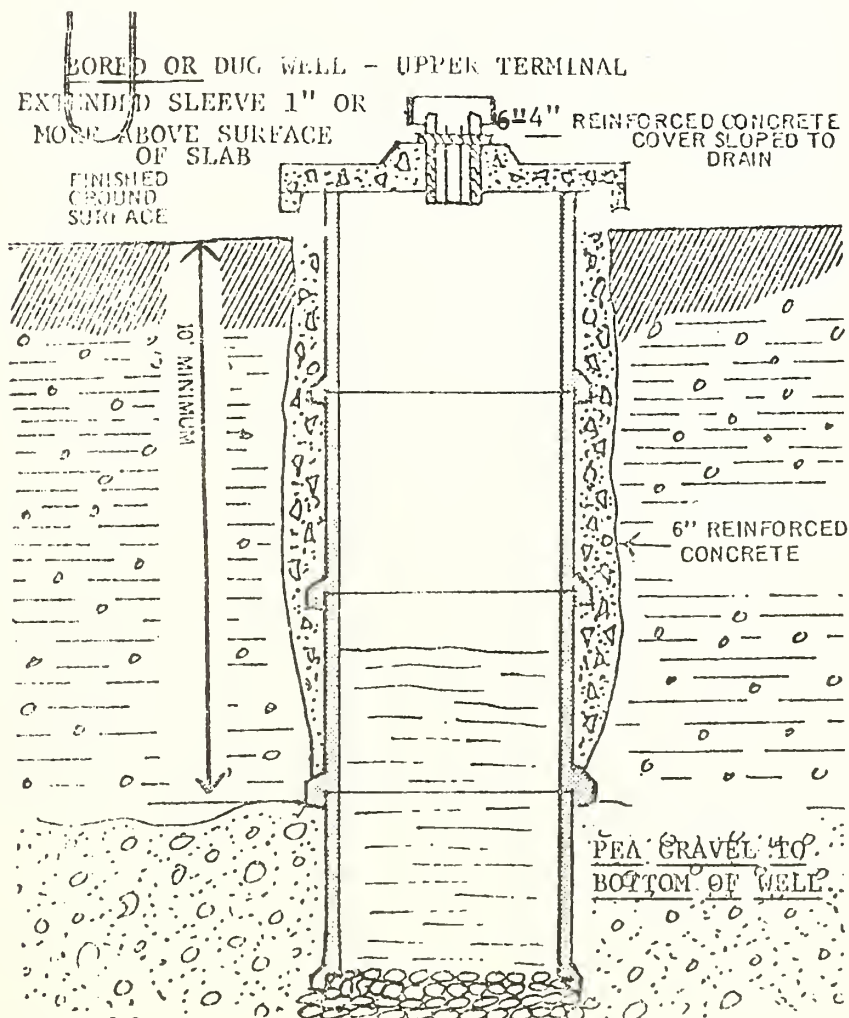
8.2.3 UPPER TERMINAL.

The ~~watertight-lining-or-curb~~ing casing shall extend at least 8 inches above finished ground surface. A cover slab at lease ~~six~~ four inches thick, adequately reinforced and having a diameter sufficient to ~~overlap the lining or curb-~~ing by two inches extend to the outer edge of the casing shall be provided. The slab shall be constructed without joints. The top of the slab shall be sloped to drain to all sides and a watertight joint made where the slab rests on the well lining using a mastic compound. A manhole, if installed, shall consist of a metal curb cast in the slab and extending four inches above the slab. The manhole shall have a watertight cover having sides to overhang the

curb at least two inches.

If a vent is installed, it shall consist of a metal pipe extending above the slab with the open end down turned and not less than six inches above the slab. The open end shall be covered with 16 mesh or finer screen of durable material. Venting is recommended.

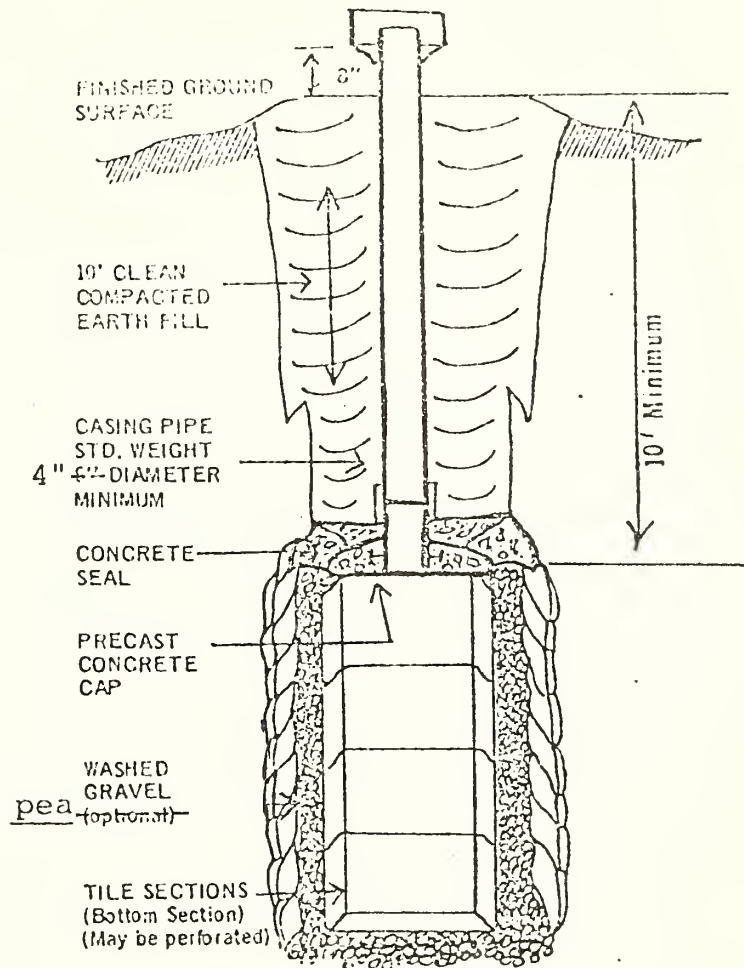
Adequate sized pipe sleeve or sleeves shall be cast in place in the slab to accommodate the type of pump or pump piping proposed for the well.



8.2.4 BURIED SLAB CONSTRUCTION.

The well lining or curbing ~~can~~ shall be terminated at a depth of 10 feet or more below the ground surface and a casing installed of standard weight steel, wrought iron, cast iron, ~~or~~ plastic, or other approved material. ~~Plastic well~~ Well casing shall meet the requirements ~~of Standard Number 14, in Section 9. Thermoplastic Materials, Pipe, Fittings, Valves, Joining Materials as published by the National Sanitation Foundation or equal. Evidence of compliance shall be listing in the current NSF listing and display of NSF seal on each section of casing or equal certification.~~ This casing shall be firmly imbedded in or connected to a pipe cast in a reinforced concrete slab which shall be installed on the well lining. The casing shall be a minimum four ~~six~~ inches in diameter and extend from the concrete slab to at least eight inches above finished ground surface. The annular opening between the casing pipe and the well bore shall be filled with clean earth thoroughly tamped to minimize settling. The diameter of the well bore below the buried slab shall be a minimum of four inches greater than the outer diameter of the well casing and shall be filled with sand or pea gravel to the well bottom.

BURIED SLAB CONSTRUCTION



RULE 8.2.4

8-3 BORED-WELL-

~~Construction shall conform to all requirements for dug wells.~~

8-4 8.3 DRIVEN WELL.

The well point, drive pipe and joints shall be structurally suitable to prevent rupture during the driving of the well.

8.5 8.4 RADIAL COLLECTOR WELL.

Approval of plans for the well shall be obtained from the Department before construction.

9.1 CASING AND LINER PIPE

In selection of casing pipe, consideration shall be given to the stress to which the pipe will be subjected during construction and the corrosiveness of the water with which it comes in contact. Used or reject pipe shall not be used.

Steel well casing shall meet the requirements of one of the following Standards of the American Society For Testing Materials, A-589, A-53 or American Petroleum Institute Standard 5L and conform to the minimum standards given in Table 1.

Plastic well casings shall meet the requirements of Standard Number 14, Thermoplastic Materials, Pipe, Fittings, Valves, Joining Materials as published by the National Sanitation Foundation or ASTM Standard F 480 equal- and be marked as required by F-480. Evidence of compliance shall be ~~listing~~ inclusion in the current NSF listing and display of NSF seal on each section of casing or equal certification.

Plastic well casing shall be Schedule 40 as a minimum.

Casing produced from any other materials must receive ~~be approved~~ approval by the Illinois Department of Public Health prior to use.

TABLE I
CASING PIPE AND LINER PIPE
WEIGHTS AND DIMENSIONS

SIZE in.	DIAMETER (in.)		THICKNESS in.	WEIGHT (lbs. per ft.)	
	External	Internal		Plain ends (calculated)	With threads and couplings (nominal)
1	1.315	1.049	0.133	1.68	1.70
1- $\frac{1}{4}$	1.660	1.380	0.140	2.27	2.30
1- $\frac{1}{2}$	1.900	1.610	0.145	2.72	2.75
2	2.375	2.067	0.154	3.65	3.75
2- $\frac{1}{2}$	2.875	2.469	0.203	5.79	5.90
3	3.500	3.068	0.216	7.58	7.70
3- $\frac{1}{2}$	4.000	3.548	0.226	9.11	9.25
4	4.500	4.026	0.237	10.79	11.00
5	5.563	5.047	0.258	14.62	15.00
6	6.625	6.065	0.280	18.97	19.45
8	8.625	8.071	0.277	24.70	25.55
10	10.750	10.136	0.307	34.24	35.75
12	12.750	12.090	0.330	43.77	45.45
14	14.000	13.250	0.375	54.57	57.00
16	16.000	15.250	0.375	62.58	65.30
18	18.000	17.250	0.375	70.59	73.00
20	20.000	19.250	0.375	78.60	81.00

Pipe sizes not listed that are less than 8 inches in diameter shall be Schedule 40 pipe as a minimum.

Pipe sizes not listed that are greater than 8 inches in diameter shall be Schedule 30 pipe as a minimum.

9.3 JOINTS.

All casing pipe joints shall be watertight welded construction or threaded couplings. ~~Weiding-shall-be-done-by-a-qualified-welder-who has-met-the-requirements-as-stated-in-Section-8-2-1-~~

- 9.7.4 SETTING TIME. Drilling operations shall not be resumed until the cement grout has set and hardened for at least 48 hours when hi-early strength cement is used and at least 72 hours when regular cement is used. Setting time may be reduced from 48 hours with hi-early strength cement and 72 hours with regular cement by addition of manufacturers' approved chemicals and following manufacturers' recommendations for setting time.

9.9 CONSTRUCTION WATER.

Water used in the drilling process should be obtained from a source which will not result in contamination of the well. All such water shall be treated so as to maintain a free chlorine residual ~~of-100-ppm~~ as an extra precaution.

SECTION 11 - MODIFICATION OF WELLS

11.1 GENERAL.

Wells constructed prior to the adoption of these rules and regulations may not meet the criteria established. When a well is to undergo modification, reconstruction, or repair, the work shall include those changes necessary to make the well conform to these rules and regulations.

Existing well pits shall not be altered or changed. Existing pits will be accepted if the following conditions exist:

1. The pit shall be structurally sound and watertight. The

casing shall extend at least 12 inches above the pit or basement floor and have a well seal to prevent contaminants from entering the well.

2. A watertight manhole and cover must be provided on the pit. If the above conditions do not exist and the well is to be modified, reconstructed or repaired, the well shall be brought into compliance with the Code. The floor or one wall of the pit shall be broken or removed and the pit shall be filled with compacted earth fill.

Illinois Department of Public Health - Proposed Additions
To the Licensing Requirements for the Licensing of Hospital

The Illinois Department of Public Health proposes to amend the requirements for the licensing of hospitals promulgated in accordance with the provisions of the Hospital Licensing Act (Ch. 111½, Sec. 142 et seq. Ill. Rev. Stats. 1975).

This proposed action would add to the Licensing Requirements new Part XXI--Construction Standards for Existing Hospitals. These new Standards would apply to all existing hospitals and would govern minor alterations to existing hospitals. According to new Rule 21-1, under the Standards plans need not be submitted for alterations or remodeling changes to existing hospitals if the changes do not affect the structural integrity of the building, do not change functional operation, do not affect fire safety, and do not add beds or facilities over those for which the hospital is licensed.

The proposed additional requirements contained in Part XXI will be submitted to the Hospital Licensing Board for its approval (as required in Section 151 (c) of the Hospital Licensing Act) at its January 11, 1978, meeting. If any interested persons wish to present data, views, arguments, or comments concerning this intended action, they may do so by submitting them in writing to the attention of: Mr. Robert F. Bilstein, Administrator, Hospital and Ambulatory Surgical Treatment Center Section, Illinois Department of Public Health, 525 West Jefferson Street, Springfield, Illinois 62761. Persons who request to make comments within 14 days of the publication of this notice will be given an opportunity to so comment. The Department will consider all written comments received by the Department within 45 days beginning on the date of publication of this notice.

The text of the new Part XXI follows:

PART XXI - CONSTRUCTION STANDARDS FOR EXISTING HOSPITALS

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PART XXI --CONSTRUCTION STANDARDS FOR EXISTING HOSPITALS

(21-1) Section A--Applicability of these Standards

These Standards shall apply to all existing hospitals and minor alterations to existing hospitals. Plans need not be submitted for alterations or remodeling changes which do not affect the structural integrity of the building, which do not change functional operation, which do not affect fire safety, and which do not add beds or facilities over those for which the hospital is licensed. See Part XX for new construction and major additions and alteration requirements.

In the cases of types of hospitals not specifically treated herein, the standards for general hospitals shall apply, with due allowance being made for the specialized or unusual requirements of the particular hospital involved.

(21-2) Section B--Codes and Standards

The 1976 edition of the National Fire Protection Association (NFPA) Standard No. 101, Life Safety Code for existing structures and all appropriate references under Appendix "B" to this Code.

Exceptions:

1. Corridor width requirements are covered by section 21-4.1(b) of these standards.

(21-3) Section C--Existing General Hospital Standards

Minimum requirements in the existing General Hospital are:

(21-3.1) 1. Administration and Public Areas

a. Lobby:

It shall include: a reception and information counter or desk, waiting space(s), and access to public toilet facilities, public telephones, and drinking fountain(s).

b. Interview Space(s):

Spaces for private interviews relating to social service, credit or admissions.

c. General or individual office(s):

Office(s) for business transactions, medical and financial records and administrative and professional staffs.

d. Multipurpose room(s):

For conferences, meetings and education purposes.

e. Medical library facilities.

f. Storage Areas.

(21-3.2) 2. Medical Records Unit

Provide adequate space for reviewing, dictating, sorting, recording, and storing of medical records.

(21-3.3) 3. Adjunct Diagnostic and Treatment

a. Laboratory Suite.

Laboratory facilities should be provided to meet the workload. These may be provided within the Hospital or through an effective contract arrangement with a nearby laboratory service. If laboratory services are provided by contractual arrangement, then at least the following minimum services shall be available within the Hospital. (For additional requirements, see Part V of these Requirements).

1. Laboratory work counter(s) with appropriate services.
2. Lavatory(ies) or counter sink(s) equipped for handwashing.
3. Storage cabinet(s) or closet(s).
4. Blood storage facilities.
5. Specimen and sample collection facilities. Urine collection rooms with nearby water closet and lavatory. Blood collection facilities with space for a chair and work counter.

b. Morgue and Autopsy Suite.

These facilities shall be accessible to an outside entrance and shall be located to avoid movement of bodies through public areas wherever possible.

The following shall be provided when autopsies are performed within the Hospital:

1. Refrigerated facilities for body holding.
2. Autopsy room:

This room shall contain a work counter with sink equipped for handwashing; storage space for supplies, equipment, and specimens; and an autopsy table.

If no autopsies are performed in the Hospital, a well ventilated bodyholding room shall be provided.

c. Radiology Suite.

Facilities shall be provided for radiology purposes. (For additional requirements see Part VI of these Requirements).

The suite shall contain the following elements:

1. Radiographic room(s).
2. Film processing facilities.
3. Viewing and administration area(s).
4. Film storage facilities.
5. Toilet and handwashing facilities accessible from each fluoroscopy room.
6. Dressing area(s) with access to toilets, and facilities for patient's belongings.
7. Waiting room or alcove.
8. X-ray installations for fixed and mobile x-ray equipment and radiation protection will be checked by the Division of Radiological Health.

d. Pharmacy Suite.

The size and type of services to be provided in the pharmacy will depend upon the type of drug distribution system used in the Hospital and whether the Hospital provides, purchases, or shares pharmacy services with other Hospitals or other medical facilities. (For additional requirements see Part XVIII of these Requirements).

Provisions shall be made for the following:

1. Administrative Functions.

These include requisitioning, recording and reporting, receiving, storage (including refrigeration), and accounting.

2. Quality Control Area.

(If bulk compounding and/or packaging functions are performed.)

3. Locked Storage for Drugs and Biologicals.
4. Dispensing Area.

5. Handwashing Facilities.
6. A Drug Information area for reference materials and personnel.
7. If I.V. admixtures and other sterile dosage forms are compounded, a Sterile Products Area must be provided with a separate sink for handwashing.

e. Physical Therapy Suite.

Appropriate services may be arranged for shared use by occupational therapy patients and staff.

If a physical therapy suite exists, the following shall be provided:

1. Office Space(s).
2. Waiting Space.
3. Treatment area(s) for such modalities as thermotherapy, diathermy, ultrasonics, hydrotherapy and exercise. Provide visual privacy for each individual treatment area. Provide handwashing facility(ies). Provide one lavatory or sink in the suite.
4. Facilities for collection of wet and soiled linen and other material shall be provided.
5. Storage for clean linen, supplies, and equipment.
6. Patients' dressing areas and toilet facilities.
7. Access to and storage for wheelchairs and stretchers.
8. Showers, lockers, and service sinks shall be provided as required by the service rendered.

f. Occupational Therapy Suite.

Appropriate elements may be arranged for shared use by physical therapy patients and staff.

If an occupational therapy suite exists, the following elements shall be provided:

1. Office space(s).
2. Activities area(s) equipped with a sink or lavatory.
3. Storage for supplies and equipment.
4. Access to patients' toilet facilities.

(21-3.4) 4. Nursing Unit

The requirements under this heading do not apply to special care areas such as recovery rooms and intensive care areas, and newborn care areas.

a. Patient Rooms.

1. Each patient room shall be an outside room. Each patient room shall communicate directly with an exiting corridor.
2. Minimum room areas shall be: 80 square feet per bed in multi-bed rooms, and 100 square feet in one bed rooms (square footage to exclude closets, storage cabinets, bathrooms, and door swings). In addition, a minimum of 3'-0" must be maintained between the sides and foot of any bed and any wall or other fixed device.
3. Existing room(s) with a capacity of more than four beds on the date of the promulgation of these regulations may be continued in use.
4. Each patient room shall have access to a toilet room. Water closets shall be provided at the rate of one per each eight beds.
5. The toilet room shall contain a water closet and a lavatory. The lavatory may be omitted from a toilet room which serves not more than two adjacent bedrooms if each adjacent bedroom contains a lavatory.
6. Each patient shall have a wardrobe, locker, or closet that is suitable for hanging and storing personal effects.
7. Visual privacy shall be provided to each patient bed in multi-bed rooms.
8. At least one tub or shower shall be provided for each 30 beds which do not have bathing facilities within the patients' rooms. Each tub or shower shall be in an enclosure which provides space for the private use of the bathing fixture and for drying and dressing.

b. Nurses Station and related facilities. Provide a nurses station with a work counter, storage areas, and communications equipment. Also provide:

1. A drug distribution station.
2. Handwashing facilities convenient to both the nurses station and the drug distribution station.

3. Charting facilities for nurses and doctors.
4. Accessibility to a treatment room for multi-bed room units. This room shall contain a lavatory, work counter, storage facilities, and a writing space.

c. Service Areas.

1. A clean work area or a clean holding area shall be provided in each nursing unit. The clean workroom shall contain a work surface, handwashing facility(ies), and storage facilities. The clean holding area shall be part of a system for storage and distribution of clean and sterile supplies and materials.
2. Provide a separate designated area for clean linen storage. If a cart system is used, the storage of the cart may be in an alcove. This function may be in a clean work area.
3. Provide parking for stretchers and wheelchairs out of the path of normal traffic.
4. A soiled workroom or soiled holding room shall be provided. The soiled workroom shall contain a clinical sink or equivalent flushing rim fixture, a handwashing sink, a waste receptacle, and a linen receptacle. The soiled holding room shall be part of a system for the collection and disposal of soiled materials. If bedpan flushing attachments are used on every patient room toilet, a clinical sink is not required in the soiled workroom.
5. Provide room for the storage of equipment such as I.V. stands, inhalators, and walkers.
6. Space shall be provided for the storage of required emergency equipment such as a crash cart. This equipment shall be under the direct control of the nursing staff.
7. Provisions for serving nourishment between scheduled meals.

d. Isolation Room(s).

There shall be at least one room for the isolation of patients with known or suspected communicable disease(s). Each such room shall have an individual toilet and a lavatory. All isolation rooms shall be otherwise planned as required for a standard patient room.

e. Room(s) for Disturbed Patients.

Every hospital which does not have a psychiatric nursing unit shall provide facilities for the care of disturbed patients, usually for less than twenty four hours duration. The design shall provide for close observation, and shall minimize the dangers of patient escape, suicide, or injury. This may be provided in a special care room used for multiple purposes. This room may be located either in the Emergency Unit or in a Medical Nursing Unit, or in another similar location.

(21-3.5) 5. Intensive Care Units

Intensive care units shall provide the following:

a. Patient Rooms.

Cardiac intensive care, medical intensive care, and surgical intensive care patients may be housed in either single-bed rooms or multi-bed rooms. Patient rooms shall meet the following requirements:

1. Clearance between beds shall be not less than 6'-0". A minimum of 3'-0" between the sides of bed and wall shall be provided. Single-bed rooms shall have a minimum of 100 square feet in area and a minimum dimension of 10'-0".
2. A lavatory equipped for handwashing shall be provided in each intensive care unit.
3. A nurses' calling system (see Section 20-3.2(a)4) shall be provided.
4. Cardiac intensive care patients shall be provided with a toilet facility which is directly accessible from the bed area.
5. Each patient shall be visible from outside the room.

b. Service Areas

The following service areas shall be located in or readily available to each intensive care unit. One area may serve two or more adjacent intensive care units. The size and location of each service area will depend upon the number of beds to be served.

1. Nurses' station.
2. Handwashing facilities. These shall be convenient to nurses' station and drug distribution station.

3. Charting facilities with work counter(s).
4. Staff toilet room. A room containing a water closet and a lavatory equipped for handwashing shall be accessible to the staff.
5. Clean workroom (or a system for storage and distribution of clean and sterile supply materials). The clean workroom shall contain a work surface, handwashing facility, and storage facilities.
6. A readily accessible soiled workroom or soiled holding room. The soiled workroom shall contain a clinical sink or equivalent flushing rim fixture, sink equipped for handwashing, work surface, waste receptacle, and linen receptacle. A soiled holding room shall be part of a system for collection and disposal of soiled materials and shall be similar to the soiled workroom except that the clinical sink and work counter may be omitted.
7. Drug distribution station. Provision shall be made for convenient and prompt 24-hour distribution of medicine to patients.
8. Clean linen storage. Provide a storage closet or a designated area within the clean workroom. If a closed cart system is used, storage may be in an alcove.
9. Provisions for nourishment.
10. Emergency equipment storage. Designated space shall be provided for a "crash cart" and similar emergency equipment.
11. Equipment storage. Provide space for necessary equipment.

c. Waiting Area:

A waiting area shall be provided for family members and others who may be permitted to visit the intensive care patients. A toilet room and public telephone shall be available.

(21-3.6) 6. Pediatric Nursing Unit

If a separate unit is provided it shall meet the following requirements

a. General Unit Requirements including Patient Rooms.

The requirements noted in Section 21-3.4a shall be applied to a pediatric and adolescent nursing unit containing hospital beds. Adequate spaces shall be provided for youth beds and cribs.

b. Nursery.

Each nursery serving pediatric patients shall contain no more than 12 bassinets. The minimum clear floor area per bassinet shall be 40 square feet. Each room shall contain a lavatory equipped for handwashing, nurses' emergency calling system and glazed viewing windows for observing infants from public areas and workroom.

c. Nursery Workrooms.

Each nursery shall be served by a connecting workroom. One workroom may serve more than one nursery.

d. Examination and Treatment Room.

It shall contain a work surface, storage facilities, and lavatory equipped for handwashing.

e. Service Areas.

The service areas in the pediatric and adolescent nursing unit shall conform to the conditions listed in section 21-3.4c and shall meet the following additional conditions:

1. Multipurpose or individual area(s) shall be provided for dining, educational, and play or other patient care purposes.
2. Space for storage of infant formula shall be provided in the unit or in a convenient location nearby.
3. Patients' toilet room(s) shall be provided.
4. Storage closets or cabinets for toys and for educational and recreational equipment shall be provided.
5. Storage space shall be provided for replacement of youth and adult beds to provide flexibility for interchange of patient accommodations. (Need not be located in the Pediatric Nursing Unit.)

f. Fixtures and Accessories.

1. Attention shall be given to other details affecting small children as required by the program.
2. Switches and electrical outlets for critical equipment shall be protected to preclude shock and/or located for inaccessibility by small children.

(21-3.7) 7. Psychiatric Nursing Unit

Units intended for psychiatric or other types of disturbed patient nursing care shall provide a safe and secure facility for patients needing close supervision to minimize their hiding, escape, injury, or suicide. The unit shall allow care of ambulatory inpatients, to permit flexibility in arranging various types of therapy, and should present as noninstitutional an atmosphere as possible.

Each nursing unit shall provide the following:

a. Patient Rooms.

The requirements noted in section 21-3.4a shall be applied to patient rooms in psychiatric nursing units except as follows:

1. A nurses' calling system is not required. Other types of communications systems may be utilized.
2. Provision for visual privacy is not required.
3. 3'-0" clear at the foot and sides of each bed is not required.

b. Service Areas.

The service areas noted in section 21-3.4c shall be provided or made available to each psychiatric nursing unit except that space for stretchers and wheelchairs is not required and clinical sinks or equivalent may be installed but are not required. The following elements shall be provided within and for the exclusive use of the unit:

1. Consultation room(s).
2. Space for dining, recreation, and occupation therapy.
3. Storage closets or cabinets for recreational and occupational therapy equipment.

(21-3.8) 8. Newborn Care Unit

Newborn infants shall be housed in nurseries which are conveniently located to the postpartum nursing unit and obstetrical facilities. The nurseries shall be located and arranged to preclude unrelated traffic. Part XV of these Requirements shall apply to this section in its entirety.

The units shall meet the following requirements:

a. General. Each nursery shall contain:

1. At least one lavatory trimmed with valves which are aseptically operated (i.e. knee or foot controls).
2. A nurses' emergency calling system.
3. Bassinets shall be provided in a number at least equal to the number of postpartum beds.
4. Provide glazed observation windows to permit viewing infants from public areas and from workrooms.

b. Full-Term Nursery.

It shall contain no more than 12 bassinets; however, this number may be increased to 16 if the extra bassinets are of the isolation type. The minimum floor area shall be 30 square feet for each regular bassinet and 40 square feet for each isolation type bassinet. When a "rooming-in" program is used, the total number of bassinets provided in these units may be appropriately reduced, but the full-term nursery may not be omitted.

c. Special Care and Observation Nursery.

If a separate special care and observation nursery is provided it shall have its own work area and at least 40 square feet per bassinet shall be provided in the nursery.

d. Work Room.

Each nursery shall be served by a connecting workroom. It shall contain gowning facilities at the entrance for staff and housekeeping personnel, work space with counter, refrigerator, lavatory or sink equipped for handwashing, and storage. One workroom may serve more than one nursery. The workroom which serves the special care nursery may be omitted if equivalent work area and facilities are provided within the nursery in which case the gowning facilities shall be located near the entrance to the nursery and shall be separated from the work area.

e. Examination and Treatment Room or Space for Infants.

It shall contain a work counter, storage, and lavatory equipped for handwashing trimmed with valves which are aseptically operated (i.e. knee or foot controls). It may serve more than one nursery and may be located in the workroom. If the examination and treatment of infants will take place in the individual bassinets, space for physicians' and nurses' gowning shall be provided as well as a conveniently accessible handwashing sink trimmed with valves which are aseptically operated (e.g. knee or foot controls).

f. Infant Formula Facilities.

The hospital shall provide one of the following:

1. On-site formula preparation.

- (a) Clean-up facilities for washing and sterilizing supplies. These shall consist of a lavatory or sink equipped for handwashing, a bottle washer, work counter space, and an equipment sterilizer.
- (b) A separate room for preparing infant formula. It shall contain a lavatory or sink equipped for handwashing, refrigerator, work counter, formula sterilizer, and storage facilities. It may be located near the nurseries or at another appropriate place within the hospital. No direct access from the formula room to a nursery or to a nursery workroom will be permitted.

2. Commercially prepared formula. If a commercial infant formula is used, the storage and handling may be done in the nursery workroom or in another appropriate room which has a work counter, a sink equipped for handwashing, and storage facilities.

g. Janitors Closet.

A closet for exclusive use of the housekeeping staff in maintaining the nursery unit shall be provided. It shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

h. Storage space(s) for replacement bassinets, phototherapy units, and other large items. These storage area(s) may be located either within the unit or in the central supplies storage.

(21-3.9) 9. Surgical Suite

The number of operating rooms and recovery beds and the sizes of the service areas shall be based on the expected surgical workload. The surgical suite shall be located and arranged to preclude unrelated traffic through the suite. The requirements of 15-2.7 (Combined Facilities) shall be used for the surgical suite wherever applicable.

The suite shall provide the following elements:

a. General Operating Room(s).

Each room shall have a minimum clear area of 300 square feet exclusive of fixed cabinets and shelves. The minimum dimension

shall be 15'-0". Provide a communications system connecting with the surgical suite control station. Provide at least two x-ray film illuminators in each room.

b. Fracture Rooms.

Fracture rooms should be provided with accessible splint facilities. The fracture room may be located in the emergency department, the surgical suite, or in another similar location.

c. Recovery Room.

The recovery room may be part of an approved combined surgical-obstetrical program (see Section 15-2.7, combined facilities).

1. Locate the postoperative recovery room within or adjacent to the surgical suite. If possible, provide separate entrance and exit doors remote from each other to facilitate a one-way traffic flow within the recovery room.
2. There shall be a minimum of one recovery room bed for each operating room.
3. There shall be a minimum of 70 square feet per bed in open units. This area shall exclude the nursing station, work space, and storage area. In addition, a minimum of 4'-0" must be maintained between the sides of the beds, at least 3'-0" between the side of any bed and any wall or other fixed device, and at least 6'-0" between the foot end of any bed and any other fixed equipment or device.
4. The recovery room shall have adequate lighting of the type to allow accurate observation of the patients.
5. There shall be a lavatory trimmed with valves operated without the use of hands. A clinical sink shall be accessible.
6. A soiled holding area shall be provided.
7. There shall be a nursing station within the postoperative recovery room. Facilities for medical storage and preparation shall be provided.
8. Adequate storage and work space within or adjacent to the recovery room shall be available for necessary supplies and equipment.
9. Each bed site shall be adequately equipped with oxygen, suction and at least one duplex electrical outlet.

10. Where ambulatory surgery is performed using a local anesthetic in the surgery suite, a room separate from the general recovery shall be set aside for the patients recovery.

d. Service Areas.

Individual rooms shall be provided when so noted; otherwise alcoves or other open spaces which will not interfere with traffic may be used. Services may be shared with and organized as part of the obstetrical facilities if the approved narrative program reflects this sharing concept. There shall be no crosscirculation between the surgical and delivery suites when using shared service areas. The following services shall be provided:

1. Control station to permit surveillance of all traffic which enters the operating suite.
2. Supervisors office or station (may be part of control station).
3. Sterilizing facility(ies) with high speed autoclaves conveniently located to serve all operating rooms. If adequate provisions have been made for replacement of sterile instruments during surgery, sterilizing facilities in the surgical suite will not be required.
4. Drug distribution station. Provision shall be made for preparation of medication to be administered to patients.
5. Scrub facilities shall be conveniently located near each operating room, and shall be arranged to minimize any incidental splatter on nearby personnel or supply carts. Provide scrub sink(s) which may be aseptically operated without the use of hands. (Wrist blades are not acceptable.)
6. Soiled workroom or a soiled holding room that is part of a system for the collection and disposal of soiled materials. The soiled workroom shall contain a clinical sink or equivalent flushing type fixture, work surface, sink equipped for handwashing, waste receptacle, and linen receptacle. A soiled holding room shall be similar to the soiled workroom except that the clinical sink and work counter may be omitted.
7. Fluid waste disposal facilities. These shall be conveniently located with respect to the general operating rooms. A clinical sink or equivalent equipment in a soiled workroom or in a soiled holding room would meet this requirement.
8. Clean workroom or a clean supply room. A clean workroom is required when clean materials are assembled within

the surgical suite prior to use. A clean workroom shall contain a work surface, sink equipped for hand-washing, and space for clean and sterile supplies. A clean supply room shall be provided when a system is used for the storage and distribution of clean and sterile supplies which does not require the use of a clean workroom.

9. Anesthesia storage facilities. Unless official hospital board action prohibits in writing the use of flammable anesthetics, a separate room shall be provided for storage of flammable gases in accordance with the requirements detailed in The National Fire Protection Association Standards 56A (Inhalation Anesthetics) and 56F (Nonflammable Medical Gases).
10. Anesthesia work area for cleaning, testing, and storing anesthesia equipment. It shall contain a work counter and sink.
11. Medical gas storage. Space for reserve storage of nitrous oxide and oxygen cylinders shall be provided.
12. Storage area for splints and traction equipment shall be provided for operating rooms equipped for orthopedic surgery.
13. Equipment storage area(s) for equipment and supplies used in surgical suite.
14. Staff clothing change areas. Appropriate areas shall be provided for male and female personnel (orderlies, technicians, nurses, and doctors) working within the surgical suite. The areas shall contain lockers, showers, toilets, lavatories and space for donning scrub suits and boots.
15. Outpatient surgery change areas. If the program requires outpatient surgery, a separate area shall be provided where outpatients change from street clothing into hospital gowns and are prepared for surgery. This shall include a waiting room, lockers, toilets, and clothing change or gowning area.
16. Patients' holding area. In facilities with two or more operating rooms, space shall be provided to accommodate stretcher patients waiting for surgery.
17. Stretcher storage area.
18. Janitors' closet. A closet containing a floor receptor or service sink and storage space for housekeeping supplies and equipment shall be provided exclusively for the surgical suite.

e. Central Sterilizing and Supply Room.

The central sterile supplies shall be located either within the surgical suite or provided as a separate department within the hospital. The following shall be provided:

1. A receiving and clean-up room containing work space and equipment for cleaning medical and surgical equipment, and for disposal or processing of unclean material. Handwashing facilities operated without the use of hands shall be provided.
2. A clean workroom containing work space and equipment for sterilizing medical and surgical equipment and supplies.
3. Storage areas for clean supplies and for sterile supplies (these may be in the clean workroom).
4. Unsterile supplies storage room (this may be located in another department).
5. Soiled or contaminated supply and equipment must be separated from the clean or sterilized supply and equipment.
6. Cart storage areas.
7. Facilities for cleaning and sanitizing carts may be centralized or departmentalized.

(21-3.10) 10. Obstetrics Suite

The number of delivery rooms, labor rooms, recovery beds, and the sizes of the service areas shall depend upon the estimated obstetrical workload. The obstetrical suite shall be located and arranged to preclude unrelated traffic through the suite. The requirements of Part XV of this Act shall apply to this section.

a. Delivery Room(s).

Each delivery room shall have a minimum clear area of 300 square feet exclusive of fixed and movable cabinets and shelves. The minimum dimension shall be 15'-0" clear. The communications system shall be connected with the obstetrical suite control station. Separate resuscitation facilities (electrical outlets, oxygen, suction, and compressed air) shall be provided for newborn infants.

c. Labor Room(s).

These rooms shall be single or two-bed rooms with a minimum clear area of 80 square feet per bed. Labor beds shall be

provided at the rate of two for each delivery room. In facilities having only one delivery room, two labor rooms shall be provided, one of which shall be large enough to function as an emergency delivery room. Labor rooms shall be arranged so that they are accessible to a nurses work station, to facilities for medication, handwashing, charting, and storage for supplies and equipment.

d. Recovery Room.

Recovery may take place in private or semiprivate patient rooms (if separate recovery rooms are not provided). If a separate recovery room is provided, it may be part of an approved combined surgical-obstetrical program (see section 15-2.7 of this Act.)

Recovery rooms if provided must meet the following requirements:

1. The postpartum recovery room should be within or adjacent to the obstetrics suite.
2. The recovery room shall have adequate lighting of the type to allow accurate observation of the patients.
3. There shall be a lavatory trimmed with valves operated without the use of hands. A clinical sink shall be made accessible.
4. A soiled holding area shall be available.
5. Facilities for medical storage and preparation shall be provided.
6. Adequate storage and work space within or adjacent to the recovery room shall be available for necessary supplies and equipment.
7. Each bed site shall be adequately equipped with oxygen, suction and at least one duplex electrical outlet.

e. Service Areas.

Individual rooms shall be provided when so noted; otherwise alcoves or other open spaces which will not interfere with traffic may be used. (Services may be shared with and organized as part of the surgical facilities if the approved narrative program reflects this sharing concept.) Service areas shall be arranged to avoid direct traffic between the operating and the delivery rooms. The following services shall be provided:

1. Control station to permit surveillance of all traffic which enters the obstetrics suite.

2. Supervisors office or station (may be part of control station).
3. Sterilizing facility(ies) with high speed autoclave(s) conveniently located to serve all delivery rooms. If adequate provisions have been made for replacement of sterile instruments during delivery, sterilizing facilities in the delivery suite will not be required.
4. Drug distribution station. Provision shall be made for preparation of medication to be administered to patients.
5. Scrub facilities shall be conveniently located near each delivery room, and shall be arranged to minimize any incidental splatter on nearby personnel or supply carts. Provide scrub sink(s) which may be aseptically operated without the use of hands. (Wrist blades are not acceptable.)
6. Soiled workroom or a soiled room that is part of a system for the collection and disposal of soiled materials. The soiled workroom shall contain a clinical sink or equivalent flushing rim fixture, work surface, sink equipped for handwashing, waste receptacle, and linen receptacle. A soiled holding room shall be similar to the soiled workroom except that the clinical sink and work counter may be omitted.
7. Clean workroom or a clean supply room. A clean workroom is required when clean materials are assembled within the obstetrical suite prior to use. A clean workroom shall contain a work surface, sink equipped for handwashing, and space for clean and sterile supplies. A clean supply room shall be provided when a system issued for the storage and distribution of clean and sterile supplies which does not require the use of a clean workroom.
8. Anesthesia storage facilities. Unless the official hospital board action prohibits in writing the use of flammable anesthetics, a separate room shall be provided for storage of flammable gases in accordance with the requirements detailed the National Fire Protection Association Standards 56A (Inhalation Anesthetics) and 56F (Nonflammable Medical Gases).
9. Anesthesia work area for cleaning, testing, and storing anesthesia equipment. It shall contain a work counter and sink.
10. Medical gas storage. Space for reserve storage of nitrous oxide and oxygen cylinders shall be provided.

11. Equipment storage area(s) for equipment and supplies used in the obstetrics suite.
12. Staff clothing change areas. Appropriate areas shall be provided for male and female personnel (orderlies, technicians, nurses, and doctors). These areas shall contain lockers, toilets, lavatories equipped for handwashing and space for donning scrub suits and boots.
13. Stretcher storage area. This area shall be out of direct line of traffic.
14. Janitors' closet. A closet containing a floor receptor or service sink and storage space for housekeeping supplies and equipment shall be provided exclusively for the obstetrical suite.

(21-3.11) 11. Emergency Suite

Facilities for emergency care shall be provided in each hospital.

a. Emergency Patient Care Services.

The extent of the emergency services to be provided in the hospital will depend upon community needs and availability of other organized programs for emergency services within the community. Hospitals having a minimum level of emergency services shall provide at least the facilities indicated in Items 1, and 4 below with back-up facilities within the hospital capable of furnishing the necessary support for facilities not provided in the emergency suite. Other hospitals shall provide as much of the following that is consistent with the services offered.

1. An entrance sheltered from the weather with provision for ambulance and pedestrian access.
2. A reception and control area conveniently located near the entrance, waiting area(s) and treatment room(s).
3. Public waiting space with access to toilet facilities, public telephone, and drinking fountain.
4. Treatment area. The Treatment area shall contain handwashing facilities trimmed with valves which are aseptically operated (i.e., knee or foot controls), general storage medication storage, work surface, medical x-ray film illuminators, and space for storage of emergency equipment such as defibrillators, cardiac monitors, and resuscitators (oxygen and suction may be portable).

5. A holding area adjacent to the treatment rooms.
6. A storage area out of the line of traffic for stretchers and wheelchairs.
7. Staff work and charting areas. This may be combined with reception and control area or located within the treatment area.
8. Clean supply storage may be separate or located within the treatment area.
9. Soiled workroom or area containing a clinical sink, work surface, and sink equipped for handwashing, waste receptacle, and linen receptacle.
10. Provide toilet facilities convenient to the treatment area.

(21-3.12) 12. Outpatient Department

- a. Outpatient department, if provided, should be located on an easily accessible floor convenient to radiology, pharmacy, and laboratory departments.
- b. Recommended facilities include:

Waiting room.
Space for information, appointment and records.
Medical social services.
Examination rooms.
Dressing booths.
Utility room(s).
Storage room.
Janitors' closet.
Public toilets (accessible to the waiting room).

(21-3.13) 13. Service Departments

- a. Dietary Facilities

1. General.

Construction, equipment, and installation shall comply with the standards specified in: The State of Illinois Rules and Regulations for Food Service Sanitation. Food service facilities shall be designed and equipped to meet the requirements of the hospital. These may consist of an on-site conventional food preparing system, a convenience food service system, or an appropriate combination of the two.

2. Functional Elements.

The following facilities shall be provided as required to implement the type of food service selected:

- a. Control station. For receiving food supplies.
- b. Storage space. Adequate to provide normal and emergency supply needs including food requiring cold storage and day storage.
- c. Food preparation facilities. Conventional food preparation systems require space and equipment for preparing, cooking, and baking. Convenience food service systems such as frozen prepared meals, bulk packaged entrees, and individual packaged portions, or systems using contractual commissary service require space and equipment for thawing, portioning, heating, cooking, and/or baking.
- d. Handwashing facility(ies). Located in the food preparation area.
- e. Patients' meal service facilities. Examples are those required for tray assembly and distribution.
- f. Dining space. For ambulatory patients, staff and visitors.
- g. Warewashing space. Located in a room or an alcove separate from food preparation and serving areas. Commercial-type dishwashing equipment shall be provided. Space shall also be provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to the use areas. A handwashing lavatory shall be conveniently available.
- h. Potwashing facilities.
- i. Storage areas. For cans, carts, and mobile tray conveyors.
- j. Waste storage facilities. Located in a separate room easily accessible to the outside for direct pickup or disposal.
- l. Toilets accessible to dietary staff. Handwashing facilities shall be immediately available.
- m. Janitors' closet. Located within the dietary department. IT shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.
- n. Icemaking facilities.
- o. Provide adequate can, cart and mobile tray washing facilities as required.

b. Central Stores.

The following shall be provided:

1. Unloading facilities.
2. A receiving area.
3. General Storage Rooms.

These facilities shall have storage spaces adequate to meet the needs of the hospital.

4. Office Space.
- c. Linen Services.

1. On-site Processing.

If linen is processed at the hospital site, the following shall be provided:

- a. Soiled linen receiving, holding, and sorting room.
- b. Laundry processing room.
- c. Access to handwashing facilities.
- d. Separate clean linen storage and issuing room or area.
- e. Clean linen inspection and mending room or area.
- f. Storage for laundry supplies.
- g. Janitors' closet containing a floor receptor or service sink and storage space for housekeeping equipment and supplies.
- h. Cart storage.
- i. Office Space.

2. Off-site Processing.

If linen is processed off the hospital site, the following shall be provided:

- a. A soiled linen holding room.
- b. Access to handwashing facilities.
- c. A clean linen, receiving, inspection, and storage rooms.
- d. Cart storage.
- e. Office space.

- d. Facilities for Cleaning and Sanitizing Carts.

Facilities shall be provided to clean and sanitize carts serving the central medical and surgical supply department, dietary facilities, and linen services. These may be centralized or departmentalized.

- e. Employees Facilities.

In addition to the employees' facilities such as locker rooms, lounges, toilets, or shower facilities called for in

certain departments, a sufficient number of such facilities as required to accommodate the needs of all personnel and volunteers shall be provided.

f. Janitors' Closets.

In addition to the janitors' closets called for in certain departments sufficient janitors' closets shall be provided throughout the facility as required to maintain a clean and sanitary environment. Each shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. Space(s) for large housekeeping equipment and for back-up supplies may be located in other areas.

g. Engineering Service and Equipment Areas.

The following shall be provided:

1. Room(s) or Separate Building(s) for Boilers, Mechanical Equipment, and Electrical Equipment.
2. Engineer's Space.
3. Maintenance Shop(s).
4. Storage Room for Building Maintenance Supplies.
5. Yard Equipment Storage.

h. Waste Processing Services.

1. Storage and Disposal.

Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, removal, or by a combination of these techniques. Facilities for proper handling and disposal of infectious or radioactive waste substances shall be provided.

2. Incineration.

If the hospital provides its own incineration:

- a. The incinerator shall be in a separate room or placed outdoors.
- b. Design and construction of incinerators and trash chutes shall be in accordance with NFPA Standard 82.
- c. Incinerators shall be equipped to conform to requirements prescribed by air pollution regulations in the area.

i. Storage.

In addition to the storage areas called for in certain departments of the hospital, suitable additional storage shall be provided.

(21-4) Section D - Details

All details and finishes shall comply with the following:

(21-4.1) Details

- a. Compartmentation, exits, automatic extinguishing systems and other details relating to fire prevention and fire protection shall comply with requirements listed in the appropriate sections of the NFPA Standard 101, Life Safety Code, 1976 Edition, for existing hospitals (for exception see item (b), this section).
- b. Aisles, corridors, and interior ramps required for exit access from patient sleeping areas shall have a minimum clear width of 7'-0"; any such aisles, corridors, and interior ramps located in other patient use areas shall have a minimum clear width of 6'-0".
- c. Doors to patient rooms shall not be lockable from inside the room.
- d. Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be swing type. Openings to showers, baths, patient toilets, and other small wet-type areas not subject to fire hazard are exempt from this requirement. Sliding doors with a break and swing feature are acceptable.
- d. For glazing of existing doors, sidelights, borrowed lights, and interior windows see the State of Illinois "Safety Glazing Materials Act."
- e. Elevator shaft openings shall be class B 1½ hour labeled fire doors or as approved by the Department.
- f. Linen and refuse chutes shall meet or exceed the following requirements:
 1. Service openings to chutes shall be kept locked if located in corridors or passageways. They may be located in a room of construction having a fire-resistance of not less than one hour.
 2. Service openings to chutes shall have approved self-closing class B 1½ hour labeled fire doors.

3. Chutes shall discharge directly into collection rooms separated from incinerator, laundry, or other services. Separate collection rooms shall be provided for trash and for linen. The enclosure construction for such rooms shall have a fire-resistance of not less than two hours, and the doors thereto shall be not less than class B $1\frac{1}{2}$ hour labeled fire doors. External discharge containers need not be enclosed.
4. Gravity chutes shall be vented through the roof with provisions for continuous ventilation as well as for fire and smoke ventilation. Fire and smoke ventilating openings may be covered with single strength sheet glass.
5. See NFPA Standard 82 (Incinerators and Rubbish Handling) for other requirements.
- g. Grab bars shall be provided at all patients' toilets, showers, tubs, and sitz baths. The bars shall have $1\frac{1}{2}$ inch clearance to walls and shall be securely anchored.
- h. Location and arrangement of handwashing facilities shall permit their proper use and operation. Provide clearance for blade-type operating handles where required.
- i. Mirrors shall not be installed at handwashing fixtures in food preparation areas or in sensitive areas such as nurseries, clean and sterile supplies, and scrub sinks.
- j. Paper towel dispensers and waste receptacles or electric hand dryers shall be provided at all handwashing facilities except scrub sinks.

aa. Elevators

All hospitals having patients' facilities (such as bedrooms, dining rooms, or recreation areas) or critical services (such as operating, delivery, diagnostic, or therapy) located on other than the main entrance floor shall have electric or electrohydraulic elevators.

1. Number of elevators.

- a. At least one hospital-type elevator shall be installed where one to 59 patient beds are located on any floor other than the main entrance floor.
- b. At least two hospital-type elevators shall be installed where 60 to 200 patient beds are located on floors other than the main entrance floor, or where the major inpatient services are located on a floor other than those containing patient beds. (Elevator service may be reduced for those floors which provide only partial inpatient services.)
- c. At least three hospital-type elevators shall be installed where 201 to 350 patient beds are located on floors other

than the main entrance floor, or where the major inpatient services are located on a floor other than those containing patient beds. (Elevator service may be reduced for those floors which provide only partial inpatient services.)

- d. For hospitals with more than 350 beds, the number of elevators provided will be acceptable if adequate.
2. Cars and platforms. Cars of hospital-type elevators shall have dimensions that will accommodate a patient bed and attendants and shall be at least 5'-0" by 7'-6". The car door shall have a clear opening of not less than 3'-8".
3. Leveling. Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type with an accuracy of $\pm 1/2$ inch.
4. Written certification of inspection shall be posted in the cab if available.

bb. Provisions for Natural Disasters

1. General requirements. An emergency radio communication system is desirable in each facility. If installed, this system should be self-sufficient in time of emergency and should also be linked with the available community system and state emergency medical network system, including connections with police, fire, and civil defense system.

(21-5) Section E - Finishes

(21-5.1) 1. Finishes

- a. Cubicle and window curtains and draperies shall be noncombustible or rendered flame retardant and shall pass both the large and small scale tests of NFPA Standard 701, "Fire Tests for Flame-resistant Textiles and Films."
- b. Floors in areas and rooms in which flammable anesthetic agents are stored or administered to patients shall comply with NFPA Standard 56A, "Inhalation Anesthetics." Conductive flooring is not required in emergency treatment, operating, and delivery rooms provided that a written resolution is signed by the hospital board stating that no flammable anesthetic agents will be used in these areas and provided that appropriate notices are permanently and conspicuously affixed to the wall in each such area and room.
- c. Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. Floors in areas used for food preparation or food assembly shall be water-resistant and grease-proof. Joints in tile and similar material in such areas shall be resistant to food acids. Floors in toilets, baths, janitor's closets and similar areas shall be water resistant. In all areas frequently subject to wet cleaning methods, floor materials shall not be physically affected by germicidal and cleaning solutions.

- d. Wall bases in kitchens, operating and delivery rooms, soiled workrooms, and other areas which are frequently subject to wet cleaning methods shall be tightly sealed to the wall, and floor and constructed without surface voids that can harbor vermin.
- e. All wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant. Walls in surgery, delivery, kitchens and in other spaces, subject to frequent cleaning shall be of suitable materials.
- f. Floor and wall penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of vermin, smoke and fire. Joints of structural elements shall be similarly sealed.
- g. Ceilings shall be cleanable and those in sensitive areas such as surgical, delivery, and nursery rooms shall be readily washable and without crevices that can retain dirt particles. These sensitive areas along with the dietary and food preparation areas shall have a finished ceiling covering all overhead ductwork. Finished ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas, and similar spaces, unless required for fire-resistive purposes.

(21-6) Section F--Mechanical

(21-6.1)1. Steam and Hot Water Systems

Boiler feed pumps, return pumps and circulating pumps shall be furnished in duplicate, each of which has a capacity to carry the full load. Blow off valves, relief valves, nonreturn valves, injectors and fittings shall be provided to meet the requirements of the city and state codes and recommendations of the A.S.M.E.

(21-6.2)2. Air Conditioning, Heating and Ventilating Systems

- A. Temperatures and Humidities. The systems should be capable of providing the following temperatures and humidities in the following areas:

Area Designation	Temperature		Relative Humidity %	
	°F	°C	Min.	Max.
Operating Room	70-76*	21-24*	50	60
Delivery Room	70-76*	21-24*	50	60
Recovery Room	75	24	50	60
Intensive Care Units	75-80*	24-27*	30	60
Nursery Units	75	24	30	60
Special Care Nursery Units	75-80*	24-27*	30	60
Other patient areas	75	24		
*Variable range				

B. Ventilation Systems.

1. Air handling systems shall conform to "Installation of Air Conditioning and Ventilating Systems", NFPA90A-1975.
2. Outdoor intakes should be located as far as practical but not less than 15 feet from exhaust outlets of ventilation systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vent stacks or from areas which may collect vehicular exhaust and other noxious fumes.
3. All ventilation air supplied to operating rooms, delivery rooms and nurseries should be delivered at or near the ceiling of the area served, and all exhaust air from the area should be removed near the floor level. At least two exhaust outlets should be used in all operating and delivery rooms.
4. All central ventilation or air conditioning systems shall be equipped with filters having efficiencies no less than those specified in the following:

FILTER EFFICIENCIES FOR CENTRAL VENTILATION
AND AIR CONDITIONING SYSTEMS IN GENERAL HOSPITALS

Area Designation	Filter Efficiencies (percent)
Sensitive Areas*	50
Patient Care, Treatment, Diagnostic and Related Areas	50
Food Preparation Areas and Laundries	50
Administrative, Bulk Storage and Soiled Holding Areas	20

*Includes operating rooms, delivery rooms, nurseries, recovery rooms, and intensive care units.

5. The filter shall be located upstream of the air conditioning equipment. If a prefilter is installed, it shall be located upstream of the conditioning equipment. The main filter may be located before or after the equipment.

Access to filters for changing shall be provided outside of clean areas unless approved otherwise by the Department.

6. All filter efficiencies shall be average atmospheric dust spot efficiencies tested in accordance with ASHRAE Standard 52-68.

7. Filter frames shall be durable and shall provide an airtight fit with the enclosing ductwork. All joints between filter segments and enclosing duct work shall be gasketed or sealed to provide a positive seal against air leakage.
8. A monometer shall be installed across each filter bed serving central air systems.
9. Ducts which penetrate construction intended for x-ray or other ray protection shall maintain the effectiveness of the protection.
10. Fire and smoke dampers shall be constructed, located and installed in accordance with the requirements of NFPA Standard 90A (Air Conditioning Systems). Exception: all systems, regardless of size, which serve more than one smoke or fire zone, shall be equipped with smoke detectors to shut down fans automatically as specified in Paragraph 4-3.1 of that Standard.
11. Laboratory hoods shall meet the following general requirements:
 - a. the exhaust system shall be separate from the building exhaust system.
 - b. the exhaust duct system shall be of noncombustible corrosion-resistant material consistent with the usage of the hood.
12. Laboratory hoods shall meet the following special requirements:
 - a. Each hood for the processing of infectious or radioactive materials shall have an adequate face velocity, shall be connected to an independent exhaust system, shall be provided with filters with 99.97 percent efficiency (based on the DOP, dioctylphthalate, test method) in the exhaust system, and shall be designed and equipped to permit the safe removal, disposal and replacement of contaminated filters.
 - b. Duct systems in which radioactive and strong oxidizing agents are present shall be constructed of corrosion resistant material consistent with usage for a minimum distance 10 feet from the hood and shall be equipped with washdown facilities.

13. The hood and duct system for cooking equipment used in processes producing smoke or grease-laden vapors shall be in conformance with NFPA 96-1973 (Vapor Removal Cooking Equipment). That portion of the fire extinguishment system required for protection of the duct system may be omitted when all cooking equipment is served by listed grease extractors.
14. Other exhaust hoods in food preparation centers shall have an adequate exhaust rate.
15. Cleanout openings shall be provided to allow proper cleaning of the duct system serving kitchen and food preparation areas.
16. The ventilation system for anesthesia storage rooms shall conform to the requirements of NFPA 56A (Inhalation Anesthetics), including the gravity option system.
17. Boiler rooms shall be provided with sufficient outdoor air to maintain proper combustion rates for equipment.
18. Rooms containing heat-producing equipment, such as boiler rooms, heater rooms, food preparation centers, laundries, sterilizer rooms, shall be ventilated.

Table 1. GENERAL PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN HOSPITAL AREAS

Area Designation	Pressure Relationship to Adjacent Areas	Minimum Total Air Changes Per Hour Supplied To Room	All Air Exhausted Directly to Outdoors	Recirculated within Room Units
Operating Room	+	12	Optional	No
Emergency Operating Room	+	12	Optional	No
Delivery Room	+	12	Optional	No
*Soiled Workroom or				
* Soiled Holding		10	Yes	No
*Clean Workroom or				
* Clean Holding	+	4	Optional	Optional
*Autopsy		12	Yes	No
*Toilet Room		10	Yes	No
*Bedpan Room		10	Yes	No
*Bathroom		10	Yes	No
*Janitors' Closet		10	Yes	No
*Sterilizer Equipment Room		10	Yes	No
*Food Preparation Centers	o	10	Yes	No
*Dietary Day Storage	o	2	Yes	No
*Laundry, General	o	10	Optional	No
*Soiled Linen Sorting and Storage		10	Yes	No
*Anesthesia Storage	o	8	Yes	No

+ = Positive

- = Negative

o = Equal

* = Recommended

(21-7) Section G - Plumbing and Other Piping Systems

(21-7.1)1. General

All plumbing systems shall be installed in accordance with the requirements of the Illinois State Plumbing Code except that the number of waterclosets, urinals, lavatories, bathtubs, showers, drinking fountains and other fixtures shall be as required by the hospital programs.

(21-7.2)2. Plumbing Fixtures

A. Plumbing fixtures shall be of nonabsorptive acid-resistant materials.

B. Handwashing lavatories used by medical and nursing staff shall be trimmed with valves which can be operated without the use of hands where specifically required in previous sections.

(1) When blade handles are used for this purpose the blade handles shall not exceed $4\frac{1}{2}$ inches in length, except the handles on clinical sinks shall not be less than 6 inches in length.

(2) The handwashing and scrub sinks, in Surgery and Emergency Treatment, Nurseries, and Delivery shall be trimmed with valves which are aseptically operated (i.e., knee or foot controls) without the use of hands. Wrist blades are not acceptable.

C. Shower bases and tubs shall be provided with nonslip surfaces for standing patients.

(21-7.3)3. Water Supply Systems

A. Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

B. Bedpan flushing devices shall be provided on each patient toilet unless a clinical service sink is centrally located in each nursing unit. This requirement does not apply to psychiatric units.

C. Water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. Hot water at shower, bathing, and handwashing facilities shall not exceed 110°F (43°C).

(21-7.4)4. Hot Water Heaters and Tanks.

Storage tanks shall be fabricated of corrosion-resistant metal or lined with non-corrosive material.

(21-7.5)5. Drainage Systems

- A. Drain lines from sinks in which acid wastes may be poured shall be fabricated from acid-resistant material.
- B. Floor drains shall not be installed in operating rooms. Flushing rim type drains may be installed in Cystoscopic Operating Rooms.
- C. Building sewers shall discharge into a public sewerage system or into other approved disposal system.

(21-7.6)6. Oxygen and Vacuum

Oxygen and vacuum shall be provided where required.

(21-7.7)7. Service Outlets

Service outlets for central housekeeping vacuum systems, if used, shall not be located within operating rooms.

(21-7.8)8. Fire Extinguishing Systems.

- A. All existing fire extinguishing systems shall be designed, installed and maintained in accordance with NFPA-101 (Life Safety Code), NFPA-13 (Sprinkler Systems) and NFPA-13A, (Sprinkler Systems Maintenance).
- B. All buildings more than two stories in height shall be provided with a Class III, Type 1 inside standpipe system. Such standpipe systems shall conform to the requirements of NFPA-14, (Standpipe and Hose Systems).

(21-8) Section H - Electrical Requirements

General

- a. All electrical materials shall comply with available standards of Underwriters' Laboratories, Inc., or equivalent.

(21-8.1)1. Switchboards and Power Panels.

- a. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be accessible only to authorized persons. The switchboards shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

(21-8.2)2. Panelboards.

Panelboards serving lighting and appliance circuits shall be conveniently located.

(21-8.3)3. Lighting.

- a. All spaces occupied by people, machinery, and equipment within buildings, approaches to and exits from buildings shall have lighting.
- b. Patients' rooms shall be equipped with general lighting and night lighting.
- c. Operating and delivery rooms shall have general lighting in addition to local lighting provided by special lighting units at the surgical and obstetrical tables.

(21-8.4)4. Receptacles (Convenience Outlets).

- a. Anesthetizing locations. Each operating and delivery room shall have receptacles of the types described in NFPA Standard 56A, "Inhalation Anesthetics."
- b. Patients' rooms. Each patient room shall have duplex grounding type receptacles. Nurseries shall have similar receptacles.
- c. Corridors. Duplex receptacles for general use shall be installed approximately 50'0" apart in all corridors and within 25'0" of the ends of corridors.

(21-8.5)5. Equipment Installation in Special Areas.

- a. Installation in anesthetizing locations. All electrical equipment and devices, receptacles, wiring and conductive flooring shall comply with NFPA Standard 56A, "Inhalation Anesthetics," except that a static type line isolation monitor will be permitted.
- b. Special grounding system. In areas such as intensive care units and special care nurseries, where a patient may be treated with an internal probe or catheter, the patient room ground system shall comply with the following:
 1. A patient ground point shall be provided within 10'0" of each bed. The patient ground is intended to assure that under normal conditions all electrically conductive surfaces of equipment and furnishings within reach of the patient will be at the same electrical potential plus or minus 10 millivolts differential. This requirement is not intended to apply to devices and utensils such as bedpans and other small portable nonelectrical devices.

2. One patient ground point may serve more than one patient, but one patient shall not be served by more than one patient ground point.
3. The grounding conductor connecting any receptacle serving a patient and the patient ground point shall not exceed the equivalent resistance of 15'0" of No. 12 AWG copper conductor.
4. Exposed metal building surfaces or utility piping within reach of the patient or others who may touch him shall be grounded to the patient groundpoint or to a separately established room groundpoint.
5. A reference groundpoint shall be established in the electrical supply panel.
6. The patient groundpoint and the room groundpoint where separated shall be interconnected by a continuous, insulated, copper conductor not smaller than No. 12 AWG and similarly connected to the reference ground or may be individually connected to the reference groundpoint provided that the ground conductor resistance does not exceed that of 15'0" of No. 12 AWG copper conductor.
7. Receptacle ground terminals shall be connected to the patient groundpoint or to the reference groundpoint provided that grounding conductor resistance to the reference groundpoint does not exceed that of 15'0" of No. 12 AWG copper conductor.
8. Grounding of all metallic raceways shall be assured by means of grounding bushings on all conduit terminations at the panelboard and by means of an insulated, continuous, stranded, copper grounding conductor, not smaller than No. 12 AWG extended from the grounding bus in the panelboard to the conduit grounding bushings.
9. Grounding of metallic switch and receptacle plates shall be provided by means of the mounting-screw connection to the device mounting yokes.

(21-8.6)6. Nurses' Calling System.

- a. General. In general patient areas, each room shall be served by at least one calling station and each bed shall be provided with a call button. Two call devices serving adjacent beds may be served by one calling station. Calls shall register with floor staff and shall actuate a visible signal in the corridor at the patients' door, and in all other appropriate areas. In multicorridor nursing units, additional visible signals shall be installed at corridor intersections.

- b. Patients' emergency. A nurses' call emergency station shall be provided for patients' use at each patient's toilet, bath, sitz bath, and shower room.
- c. Intensive care. In areas such as intensive care where patients are under constant surveillance, the nurses' calling system may be limited to a bedside station that will actuate a signal that can be readily seen or heard by the nurse.
- d. Nurses' emergency. A communications system which may be used by nurses to summon assistance shall be provided in each operating, delivery, recovery, emergency treatment, and intensive care room, in nurseries, and in supervised nursing units for mental patients.

(21-8.7)7. Emergency Electric Service.

- a. General. To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.
- b. Sources. The source of this emergency electric service shall be as follows:
 - 1. An emergency generating set when the normal service is supplied by one or more central station transmission lines.
 - 2. An emergency generating set or a central station transmission line when the normal electric supply is generated on the premises.
- c. Emergency generating set. The required emergency generating set, including the prime mover and generator, shall be located on the premises and shall be reserved exclusively for supplying the emergency electrical system. EXCEPTION: A system of prime movers which are ordinarily used to operate other equipment and alternately used to operate the emergency generator(s) will be permitted provided that the number and arrangement of the prime movers are such that when one of them is out of service (due to breakdown or for routine maintenance) the prime mover(s) can operate the required emergency generator(s), and provided that the connection time requirements described in section D-4 are met.
- d. Emergency electrical connections. Emergency electrical service shall be provided to the distribution systems as follows:
 - 1. Circuits for the safety of patients and personnel.
 - a. Illumination of means of egress as required in NFPA Standard 101 (Life Safety Code).

- b. Illumination for exit signs and exit directional signs as required in NFPA Standard 101 (Life Safety Code).
 - c. Alarm systems including fire alarms activated at manual stations, water flow alarm devices of sprinkler system if electrically operated, fire and smoke detecting systems, and alarms required for nonflammable medical gas systems.
 - d. Paging or speaker systems if intended for communication during emergency. Radio transceivers where installed for emergency use shall be capable of operating for at least one hour upon total failure of both normal and emergency power.
 - e. General illumination and at least one duplex receptacle in the vicinity of the generator set.
2. Circuits essential to care, treatment, and protection of patients.
- a. Task illumination and necessary life support receptacles in infant nurseries; medicine dispensing areas; cardiac catheterization laboratories; angiographic laboratories; labor, operating delivery, and recovery rooms; dialysis units; intensive care areas; emergency treatment rooms; and nurses' stations.
 - b. Corridor duplex receptacles in patient areas.
 - c. Nurses' calling system.
 - d. Blood bank refrigeration.
 - e. Equipment necessary for maintaining telephone service.
 - f. Fire pump if installed.
3. Circuits which serve necessary equipment. The connection to the following emergency electric services shall be delayed automatic except for heating, ventilation, and elevators which may be either delayed automatic or manual:
- a. Equipment for heating, operating, delivery, labor, recovery, intensive care, nursery, and general patient rooms except that service for heating of general patient rooms will not be required under either of the following conditions: (aa) if the design temperature is higher than 20°F (-7°C) based on the Median of Extremes as shown in the

ASHRAE Handbook of Fundamentals, or (bb) if the hospital is served by two or more electrical services supplied from separate generators or a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the hospital and the generating sources will not likely cause an interruption of the hospital service feeders.

- b. Elevator service that will reach every patient floor. Throwover facilities shall be provided to allow temporary operation of any elevator for the release of persons who may be trapped between floors.
 - c. Ventilation of unfenestrated operating and delivery rooms.
 - d. Central suction systems serving medical and surgical functions.
 - e. Equipment which must be kept in operation to prevent damage to the building or its contents.
4. Details. The emergency electrical system shall be so controlled that after interruption of the normal electric power supply the generator is brought to full voltage and frequency. It must be connected within 10 seconds through one or more primary automatic transfer switches to emergency lighting systems; alarm systems; blood banks; nurses' calling systems; equipment necessary for maintaining telephone service; and task illumination and receptacles in operating, delivery, emergency, recovery, and cardiac catheterization rooms, intensive care nursing areas, nurseries, and other critical patient areas. All other lighting and equipment required to be connected to the emergency system shall either be connected through the above described primary automatic transfer switches or through other automatic or manual transfer switches.

Receptacles connected to the emergency system shall be distinctively marked. Storage battery-powered lights, provided to augment the emergency lighting or for continuity of lighting during the interim of transfer switching immediately following an interruption of the normal service supply, shall not be used as a substitute for the requirement of a generator. Where stored fuel is required for emergency generator operation, the storage capacity shall be sufficient for not less than 24-hour continuous operation.

Illinois Department of Public Health - Proposed Revisions to the Illinois
Food Service Sanitation Rules and Regulations

The Illinois Department of Public Health proposes to amend the Illinois Food Service Sanitation Rules and Regulations promulgated in accordance with the Sanitary Inspection Act (Chapter 56½ Paragraphs 67-79), the Illinois Food, Drug and Cosmetic Act (Chapter 56½, Paragraphs 501-526), and subparagraph (c) of Section 2 of "An Act in relation to public health" (Chapter 111½, Paragraph 22). This proposed action would amend Article III Rule 3.05 which relates to food service management sanitation training and certification.

The proposed revision clarifies the requirements for food service manager training and certification and provides additional time for compliance with the regulations under certain defined circumstances. These proposed changes will provide for a more equitable application of the rules and regulations.

Some aspects of the revision to Rule 3.05 are as follows:

- 1) Rule 3.05a specifies the minimum number of persons to be certified at each food service establishment.
- 2) Establishes a time limit in which new food service operations will have to comply with the requirement.
- 3) Establishes a time limit for food service establishments to comply when the establishment does not have a certified manager due to employee turnover or other reasons.
- 4) Establishes an extension of time for compliance for those food service establishments which have not had training programs available in their area.
- 5) **Adds a requirement that the names of certified personnel be on file at the food service facility.**

Three public hearings will be held to present the proposed changes and to receive testimony. The times and locations of the hearings are as follows:

- 1) January 11, 1978 - 10:00 A.M.
Springfield, Illinois
Auditorium
Department of Transportation Building
2300 South Dirksen Parkway

- 2) January 17, 1978 - 2:00 P.M.
Marion, Illinois
Conference Room
State Regional Office Building
Route 3, 2209 West Main
- 3) January 20, 1978 - 11:00 A.M.
Chicago, Illinois
Room 1818
State Office Building
160 North LaSalle

If any interested persons wish to present their views concerning this intended action, they may do so by attending any of the above noted public hearings or by sending written comments to the attention of: Mr. Leroy E. Stratton, Associate Director, Office of Environmental Health, Illinois Department of Public Health, 535 West Jefferson Street, Springfield, Illinois 62761. The Department will consider all written comments received by the Department within sixty (60) days beginning on the date of publication of this notice.

The text of the affected rule follows. The existing text of Rule 3.05 is printed to show the proposed revisions, with deletions indicated by strike-out and additions underlined.

Management Sanitation Training and Certification

Rule-3-05 - Training

- ~~(a) Effective July 1, 1978, each food service establishment then or thereafter in operation, must be under the operational supervision of a resident managerial person who has been certified under this Rule.~~

Rule 3.05 - Certification

- (a) Effective July 1, 1978, all food service establishments as defined in Rule 1.01(i) shall be under the operational supervision of a manager or supervisor, who has been certified in food service sanitation. A minimum of one certified person at each establishment is required: provided however:
1. That new food service establishments commencing business subsequent to July 1, 1978, shall have six (6) months from the initial day of operation to comply.
 2. That food service establishments which are not in compliance because of employee turnover or other loss of certified personnel, shall have three (3) months from date of loss of certified personnel to comply.

3. That facilities not in compliance on July 1, 1978, because of the unavailability of training programs in their area shall be allowed an extension until January 1, 1979 to comply.

- (b) Certification shall be achieved by successfully completing an examination offered by the Illinois Department of Public Health or other approved examination monitored by the Department of Public Health or its designated representative. A certificate of Certification will be issued to candidates attaining the passing point as determined by the Department of Public Health.
- ~~(e) -- The certificate of Certification shall be maintained in the place of business.~~
- (c) Names and certificate numbers of certified personnel shall be maintained at the place of business and shall be made available for inspection.
- (d) The Illinois Department of Public Health will recognize similar certificates issued by local health departments in Illinois, provided the standards for certification are essentially equivalent and approved by the Department in writing.

